

The copyright of this thesis rests with the University of Cape Town. No quotation from it or information derived from it is to be published without full acknowledgement of the source. The thesis is to be used for private study or non-commercial research purposes only.

**STAKEHOLDERS' PERCEPTIONS OF FACTORS INFLUENCING THE ADOPTION
AND IMPLEMENTATION OF *LIFE SKILLS EDUCATION CURRICULUM*:
A CASE STUDY OF POST-PRIMARY SCHOOLS IN LESOTHO.**

NAME: Mrs. Adeline Chabela
STUDENT #: KMNADE001
SUPERVISOR: Dr. Christopher J. Colvin

10 May 2010

THESIS SUBMITTED IN FULFILMENT OF A MASTERS' DEGREE IN PUBLIC HEALTH
IN THE UNIVERSITY OF CAPE TOWN

DECLARATION

I, Adeline 'Mamatli Chabela hereby declare that this is my original work and has not been presented before for the award of a Masters' Degree in Public Health.

University Of Cape Town

ACKNOWLEDGEMENTS

I wish to acknowledge wholeheartedly the contribution of the following people in completion of my research study:

My research supervisor, Dr Chris Colvin for his comments and incisive reviews and months of congenial help, I am grateful.

I also wish to express my sincere appreciation to the staff in the MOET, particularly NCDC, UNICEF, UNESCO Commission Lesotho, Red Cross, LPPA. May I also, extend my heartfelt gratitude to the representatives of the Scripture Union and the Christian Council Lesotho. Parents, principals and teachers in pilot post-primary [secondary] schools for their cooperation and readiness to give their time freely and shared their knowledge and views with me. I thank you.

My colleagues and friends for their kind assistance in proofreading my work, your efforts are commendable.

My great indebtedness goes to my husband, Norman Nthinya Chabela and our two sons ('Matli and Julius Chabela) who endured the lonely years of my absence from home while studying at UCT. Without your support, motivation and love I would have not made it, therefore I am grateful.

Last but not least, this study would have not been complete without the unfailing financial support by the government of Ireland. Therefore, my sincere gratitude goes to my sponsors, the office of Irish Consulate Lesotho. Thank You!

ABSTRACT

Introduction

Globally, Life Skills Education (LSE) is a component of school curricula that has been of considerable scholarly interest recently, especially in education. Raphael defines LSE as “a methodology for helping children and adolescents cope with their life situation, develop decision-making and problem solving skills, and evaluate risks and respond appropriately” (2006:5). The study aimed at investigating stakeholders’ perceptions of factors influencing the adoption, development and implementation of Life Skills Education in post primary school in Lesotho. In this study, “post-primary schools” refers to grades 9-10.

The main objectives of this study were:

- To explore stakeholders’ perceptions about factors influencing the adoption, development and implementation of Life Skills education in post-primary pilot schools in Lesotho.
- To analyze the role and impact of the broader political, social, cultural and economic environment in which Life Skills Education is adopted, developed and implemented in post-primary pilot schools in Lesotho.

To carry out this case study, the researcher followed a qualitative approach. To collect data, 22 semi-structured one to one interviews were held with education officers from the government and overseas donors, principals, teachers and parents. LSE training manuals were also analysed.

It is evident that the crisis of HIV/AIDS in the country motivated the government’s initiative to introduce LSE in the schools. However, the take up of the project was not smooth. The prominent reason was lack of consensus within the MOET, which led to many other unresolved issues that weakened other stages of the curriculum development. Secondly, it took the MOET six months to develop LSE curriculum and thus led to many more gaps in the curriculum planning and development.

The project had strong support from the Lesotho government. This suggested more chances for it to have been a success. Nonetheless, omissions were made that weakened the support from other authorities and relevant stakeholders. In addition, lack of supervision, follow-up and retraining of teachers affected negatively the reception and implementation of the project in the pilot schools. Although the project was piloted for sufficient length of time (one year), it had no monitoring package. Moreover, the review that was done (Visser-Valfery 2008) took place long after the piloting period, thus, this is likely to have not benefited the development of the project much. Parents are aware young do engage in premarital sex, and, are at the centre of the pandemic, and thus showed a great support for the project and willingness to support teachers’ through assignments.

Life Skills Education remains the best option for curbing HIV/AIDS pandemic and protects young people against HIV/AIDS, with a solid research base of practice and theory. It is commendable that the MOET realize the need to reach young people with HIV/AIDS prevention message through the school curriculum. For a sustainable development of this programme, there is a need for the MOET to ensure full participation of relevant stakeholders and give time long enough for advocacy and trainings of stakeholders at both the central and district level.

ACRONYMS AND ABBREVIATIONS:

AIDS	Acquired Immune- Deficiency Syndrome
HIV	Human Immuno-Deficiency Virus
ILO	International Labour Organization
LSE	Life Skills Education
MOET	Ministry of Education and Training
MOHSW	Ministry of Health and Social Welfare
NDSH	National Demographic Health Survey
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNESCO	the United Nations Educational, Scientific and Cultural Organizations
UNFPA	United Nations Population Fund
UNDP	United Nations Development Programme
UN	United Nations
UNGASS	United nations General Assembly Special Session
WFP	World Food Programme
WHO	World Health Organization

TABLE OF CONTENTS

Chapter One: Introduction.....	9
1.1 Introduction	9
1.2 Personal Interests in LSE in Lesotho	10
1.3 Approaches to Life Skills Education in Other Contexts.....	10
1.4 Life Skills Education in Lesotho	11
1.5 Evaluating the Performance of Life Skills Education	11
1.6 Study Problem Statement.....	12
1.7 Study Significance	13
Chapter 2: Literature Review	14
2.1 Introduction	14
2.2 The Role of Education in the Prevention and Control of HIV/AIDS	14
2.2.1 <i>Education as a preserver of culture inheritance</i>	14
2.2.2 <i>Education as a transformer of cultural inheritance</i>	14
2.2.3 <i>Education for individual development and the “Curriculum”</i>	15
2.3 Curriculum Planning: Core Concepts and Key Stakeholders	16
2.3.1 <i>Core Planning Concepts</i>	16
2.3.2 <i>Stakeholders analysis and management</i>	17
2.3.3 <i>Consultancy in curriculum development</i>	17
2.4 Characteristics of an Effective Sexuality Education	18
2.4.1 <i>Curriculum Development</i>	20
2.4.2 <i>Curriculum Content: Goals and Objectives</i>	21
2.4.3 <i>Curriculum Content: Activities and Teaching Methods</i>	22
2.4.4 <i>Curriculum Implementation and Evaluation</i>	22
2.5 Further Research on Factors Contributing to Curriculum Implementation	24
2.5.1 <i>Teacher’s Attitudes and level of Confidence</i>	24
2.5.2 <i>Teacher’s cultural beliefs, moral values and standards</i>	24
2.5.3 <i>Teacher’s comfort in teaching sexuality and HIV prevention education</i>	25
2.5.4 <i>Teacher’s perceived support in teaching sexuality education</i>	25
2.5.5 <i>Parents’ perceptions about and involvement in sexuality education</i>	25
2.6 Summary	26
Chapter Three: Methodology.....	27
3.1 Introduction	27
3.2 Research Question and Study Design	27
3.3 The Research Process	28
3.3.1 <i>Research setting</i>	28
3.3.2 <i>Population and Sampling</i>	29
3.4 Ethical Considerations	29
3.4.1 <i>Recruitment</i>	29
3.4.2 <i>Respect for Persons and Human Dignity</i>	30
3.4.3 <i>Protection against Harm</i>	30
3.4.4 <i>The Principle of Justice</i>	30
3.5 Data Collection.....	30
3.5.1 <i>Pilot study</i>	30

3.5.2 Instruments.....	31
3.5.3 Individual Interviews.....	31
3.5.4 Documentary sources	31
3.6 Data Analysis.....	31
3.6.1 Stage 1: Interview Transcripts	32
3.6.2 Stage 2: Extracting Meaning Units	32
3.6.3 Stage 3: Formulating Categories (thematic analysis).....	32
3.6.4 Stage 4: Major Themes (analysis of exemplars).	33
3.6.5 Stage 5: Exhaustive Description.....	33
3.7 Trustworthiness of the Research Findings.....	33
Chapter 4: Overview of Findings Chapters.....	34
Chapter 5: Curriculum Development.....	35
5.1 Introduction	35
5.2 The Context of the Life Skills Education (LSE) Curriculum	35
5.2.1 HIV/AIDS and the Pressure to Develop LSE.....	35
5.2.2 Conflicts around the integration of LSE with other learning areas.....	36
5.2.3 Summary.....	37
5.3 Programme Start-Up/Planning and Introduction	39
5.3.1 Gaps in the planning process.....	39
5.3.2 Summary.....	40
5.4 Curriculum Design Process	41
5.4.1. Curriculum framework.....	41
5.4.2 Formalizing LSE as a “working title”	43
5.4.3 Critics on LSE materials.....	45
5.4.4 Communication between the sponsors and the MOET	48
5.5 Piloting the LSE curriculum and Reactions	49
5.5.1 Teachers’ in-service training (workshop) on LSE.....	49
5.5.2 Content coverage and teaching and strategies.....	50
5.5.3 Implementation guidelines	51
5.6 Review of the Main Findings.....	52
Chapter 6: Curriculum Implementation.....	54
6.1 Introduction.....	54
6.2 Teachers’ Expected Support from the Ministry Of Education and Training.....	54
6.2.1 Follow up and Support.....	54
6.2.2 Teaching materials	56
6.2.3 Training on Curriculum Materials.....	57
6.2.4 Integration across the curriculum.....	57
6.2.5 Norms and standards/assessments.....	58
6.2.6 The Role of Principals and School Boards	58
6.3 Teachers Readiness and Motivation.....	59
6.4 Review of main findings and conclusion.....	61
Chapter 7: Community Reactions to LSE.....	63
7.1 Introduction	63
7.2 Community Knowledge and Opinion about Youth Sexual Health	63
7.2.1 Youth Sexual Health and Behaviour in General	63
7.2.2 Parents’ awareness of LSE in the curriculum	64
7.2.3 Opinions towards LSE curriculum.....	65

7.2.4 Scope and Content of LSE Curriculum	66
7.2.5 Support Parents wish to give to Sustaining LSE	67
7.3 Community/Ngo/School Engagements Around LSE	68
7.4 Summary	70
Chapter Eight: Discussion and Conclusions	72
8.1 Introduction	72
8.2 Curriculum Development.....	72
8.2.1 Consultation	72
8.2.2 Needs assessments	73
8.2.3 Use of logic model approach to develop the curriculum	73
8.2.4 Evidence-based development	73
8.2.5 Consistency with community values and local resources (staff time, skills, facilities and supplies)	73
8.3 Curriculum Content: Goals and Objectives.....	74
8.3.1 Narrowing the focus	74
8.3.2 Activities and teaching methods.....	74
8.4 Curriculum Implementation and Evaluation	75
8.4.1 Securing minimal support from appropriate authorities and stakeholders	75
8.4.2 Selection, training, monitoring, supervision, evaluation and support of educators..	75
8.4.3 Implemented curricula with reasonable fidelity	75
8.5 Summary	76
8.6 Study Limitations	76
8.7 Recommendations to the MOET	77
8.8 Areas for Future Research	77
References	78

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Globally, Life Skills Education (LSE) is a component of school curricula that has been of considerable scholarly interest recently, especially in education. Raphael defines LSE as “a methodology for helping children and adolescents cope with their life situation, develop decision-making and problem solving skills, and evaluate risks and respond appropriately” (2006:5). The World Health Organization further states that these psychosocial skills are most needed in contexts of specified risk (like HIV/AIDS) where children and young people need to be empowered and protected (1999).

Worldwide, it is estimated that 80% of infected people with HIV/AIDS are young people between the ages of 15-24, with three quarters of this 80% currently living in Sub-Sahara Africa (Joint United Nations Programme on HIV/AIDS (UNAIDS) 2001). Global statistics indicate Lesotho has the third highest HIV prevalence in the Southern Africa Region (Raphael 2006). According to UNAIDS (2006), HIV prevalence among adults in Lesotho was found to be 23% of the national population while among young people aged 15-24, it was 25.5%. Recent statistical reports (the Ministry of Health and Social Welfare (MOHSW) 2007 and the United Nations General Assembly Special Session (UNGASS) 2008) have shown a significant decline in HIV prevalence among the young people aged 15-25 from 25.5% to 8.9% in 2007 (MOHSW 2007 and UNGASS 2008). On the contrary, the prevalence of HIV among adults still remained the same at 23.3% of the national population. These statistical differences therefore suggest still a threatening social environment where the young people get socialised, thus the fact remain HIV prevalence is still significantly high in Lesotho (MOHSW 2007).

Notably, Lesotho is also the second leading country in Southern Africa in terms of HIV prevalence among young women between the ages of 15-24 years (UNAIDS 2006). The 2007 sentinel surveillance shows about 31% of those aged 15-25 reside in urban and 22.2% in rural communities (MOHSW 2007). These statistics point to the devastating effects of HIV/AIDS on the economy and the social wellbeing of the country, especially among the youth.

Studies have shown, however, that these populations of young people also provide a potential window of hope into changing attitudes associated with increased risk for HIV/AIDS (Zwicker and Ringheim 2004). Around the world, education is identified as a key in the fight against HIV/AIDS (the United Nations Educational, Scientific and Cultural Organizations (UNESCO) 2004). For this reason, Lesotho has aligned itself with this global approach to HIV/AIDS by introducing Life Skills Education (LSE) in the school curriculum.

Researchers have shown that a school setting is an ideal place where a LSE curriculum could be successfully implemented for a number of reasons. First, in terms of coverage, the school environment provide a setting whereby larger numbers of young people can be reached regularly with HIV prevention messages (Kirby, Laris and Roller 2006; Kaaye, Mukoma and Flisher 2002 and Kinsman, Nakiyingi, Kamali Carpenter, Quigley, Pool and Whitworth 2001). Second, it is argued that schools have familiar patterns of practices and “their location is known, they are sustained within the community, their hours and modes of operations are known, they have established mechanism for introduction of new programmes and accessing students, and the size of the target group is known” (Gallant and Maticka-Tyndale 2003:3). Baxen (2006:2) extends this argument about the importance of the school context for addressing HIV and other health concerns by pointing out that “it would be logical therefore for governments to spend resources on prevention strategies (such as education), rather than financing on a more expensive health care system once people are infected.”

1.2 Personal Interests in LSE in Lesotho

For the past thirteen years I have been working as a nurse in Maluti Seventh-Day Adventist Hospital in Lesotho. Part of my work consisted of coordination and supervision of diploma student nurses on community outreach health promotion programmes that involved visiting schools within the hospital catchments areas. At the beginning of every academic year, we would screen the pupils (primary schools) for any health problems that may disturb their learning. At the time, LSE was not yet part of the curriculum. However, there were already some health topics in the school curriculum including reproductive health. My observation was that teachers used to struggle to get teaching materials and most of them were uncomfortable discussing these topics.

In Lesotho at the time (late 1990's and early 2000), the concept of 'Life Skills Education' was not yet popular. LSE was unknown within education and health circles. However, the rate of teenage pregnancies, HIV/AIDS and substance abuse was also escalating dramatically among youth (Makatjane 2002). Some efforts were made to address the problem. 'Adolescent health corners' were made available within the hospital facilities, for example. The aim of these corners was to respond to the reproductive health needs of young people. However, they had very little impact because of poor accessibility and insufficient exposure over time. As is typical in youth health-seeking behaviour, young people were only seeking help once they already were experiencing problems like teenage pregnancy.

The question on my mind was "whether knowledge alone can translate into behaviour change?" This question pointed to the need for a set of strategies beyond simply knowledge that could provide ways for adolescents to respond to HIV/AIDS and other social and developmental challenges. In 2006, I learned that the Ministry of Education and Training in Lesotho had taken a step towards developing a Life Skills Education initiative in the school curriculum. It was this development that set the stage for this thesis' investigation of the development of an LSE programme in Lesotho.

1.3 Approaches to Life Skills Education in Other Contexts

Life Skills Education has evolved over time and dates as far back as the 1970s in the field of psychology. In the US, for example, Botvin (1995) has been credited for successfully taking LSE into the school-based curriculum and focused on preventing drug abuse among schoolchildren. In the 21st century, HIV/AIDS has taken centre stage in the public health agenda. LSE has been widely introduced in both developed and developing countries including Thailand, Zimbabwe, Mexico, Colombia, South Africa, Uganda, Tanzania, Swaziland, Malawi, and Botswana (Akoulouze, Rugalema and Khanye 2001).

The concept of LSE has taken many faces. In many developed and developing countries, LSE still has different labels including sex education, sexuality education, and or HIV/AIDS education, (Landry, Singh and Darroch 2000; Kirby et al., 2006; Bowden, Lanning, Pippin and Tanner 2003, Mathews, Boon, Flisher and Schaalma 2006). According to the United Nations Population Fund (UNFPA), this change in labeling has been associated with concern in the cultural sensitivity in addressing issues related to sexuality in many parts of the world (2003). However, the WHO also states that the labeling of the programme depends on the scope of the programme. This, in turn, is determined by the capacity of education sector.

This study adopts the term 'Life Skills Education' (or LSE) since it is the label by which it is known in Lesotho. However, given that the study is also informed by studies from other parts

of the world, the label 'Life Skills Education' is used interchangeably with other labels in some of the chapters.

1.4 Life Skills Education in Lesotho

In 2004, the Lesotho government, through the Ministry of Education and Training (MOET), made a decision to introduce LSE in the school curriculum as a compulsory subject. Aligning itself with regional and international declarations, conferences, and conventions such as the Millennium Development Goals, the International Conference on Population and Development 1994 (ICDP), the 1990 UN Convention on the Rights of the Child and Adolescents, Lesotho acknowledged young people's health as a focus in its public health agenda (Lesotho Government Vision 2020, Ministry of Health and Social Welfare 2006).

In August 2005, Lesotho presented its own LSE curriculum (Raphael 2006). In designing its curriculum, Lesotho adopted a thematic framework used in the pre-existing Population and Family Life Education programme. Population and Family Life Education was a preventive education programme introduced by the MOET in collaboration with the United Nation Population Fund to address similar issues before the inception of the current LSE curriculum (MOET 2005). However, according to a report by the MOET, Population and Family Life Education emphasised knowledge acquisition rather than skill development. As a result, it was felt this programme could not effectively mediate the desired behavioural change. LSE was intended as a more comprehensive and effective approach.

The scope of LSE in Lesotho is wide. It is comprised of the following emerging issues which form the core elements of the LSE curriculum's thematic framework: HIV/AIDS, Stress, Violence, Drug and Substance Abuse, Identity, Human Rights, Interpersonal Relationship, Poverty, Gender, Sexual and Reproductive Health, Environmental Degradation, and Population Growth (MOET 2005). Given this background, the current study focuses only on the HIV/AIDS component of the LSE curriculum. HIV/AIDS prevention is a top priority according to the LSE curriculum framework. It may also be the most challenging aspect within the spectrum of Life Skills programme.

In Lesotho, LSE is offered from Standard 4 to Form C (equivalent to grades 4 - 10 in the South African education system). It has been taught as a stand-alone subject in 80 (50 primary and 30 secondary) schools selected as pilot schools as of January 2006 (MOET 2005). In December 2007 to January 2009, LSE was disseminated [rolled out] countrywide whereby 1827 (1477 primary and 350 secondary) schools participated in dissemination training (MOET 2009)

1.5 Evaluating the Performance of Life Skills Education

Studies have been conducted to review the performance of LSE programmes in different parts of the world. In some instances, capacity has been a major constraint in LSE programmes. In the United States, studies (Landry et al., 2000 and Bowden et al., 2003) have shown that a lack of teaching materials and factual information on sexuality posed a serious challenge in implementing Sexuality Education. These studies also reveal that pressure from the community, parents and school administrators was a major challenge teachers faced with implementing sexuality education.

Mangrulkar, Whitman and Posner (2001) took a different approach to evaluating implementation by analysing the introduction and planning of LSE programmes in Latin

America and Caribbean countries (Costa Rica, El Salvador, Colombia, Venezuela and the regional initiative for the Caribbean countries). The results of their study indicate the need to strengthen the advocacy strategies in order to win the support of the education policy makers for successful adoption of preventive programmes.

In Eastern and Southern Africa, Akoulouze, Rugalema and Khanye compiled a report on a collaborative study undertaken by the Association for the Development of Education in Africa (ADEA) with the Ministries of Education in Sub-Sahara Africa (Akoulouze et al., 2001). The purpose of this report was to guide policy and action in the adoption and adaptation of interventions to local context. The results of this collaborative study showed that most of the programmes had been implemented for less than one year and all but one (South Africa) had no baseline data against which the outcomes of the interventions could be measured. As a result, it was difficult to assess their effectiveness (Akoulouze et al., 2001).

These studies further revealed that Zimbabwe already had a stable curriculum taught in over 6,000 schools using high quality materials produced and introduced in schools at the time. Zimbabwe also received recognition for employing a strong advocacy strategy among education officials and teachers at the national, regional and district levels. In defining its content and addressing the sensitivity inherent in sexuality education, Zimbabwe mobilised a lot of support not only from the government, but also from the parents and churches (Akoulouze et al., 2001 and O'Donoghue 2002).

1.6 Study Problem Statement

As part of growing up, young people often take risks in trying new activities and generating new ideas. However, this risk-taking attitude often makes them vulnerable to risky behaviours including sexual pressure, coercion and exploitation, thereby placing young people at the centre of the pandemic in terms of the impact (Zwicker and Ringheim 2004).

Studies have shown that Life Skills are mediators of behaviour change in adolescence (Mangrulkar et al., 2001). Challenges and benefits associated with introduction of LSE in some countries have been reported (Landry et al., 2000; Bowden et al., 2003; Raphael 2006; Kiragu 2007; Kirby 2000; UNFPA 2003; Akoulouze et al., 2001 and O'Donoghue 2002).

In the developing countries of sub-Saharan Africa, LSE is a new concept which presents new challenges and demands for the education sector including responding to the socio-political environment, obtaining adequate resources, knowledge or expertise, and economic viability. Thus, these countries offer a challenging base for a successful adoption, development and implementation of education reforms such as LSE initiatives (Raphael 2006 and Kiragu 2007).

A number of studies have looked into factors that influence the implementation of LSE. Yet, few studies have investigated the socio-cultural, political and economic factors which may inform the adoption, development and implementation of LSE curricula in these countries. The present study is the first designed to study the development of LSE curriculum from a broader perspective as a basis for better understanding its implementation in the context of Lesotho. This study aims to investigate stakeholders' perceptions of factors influencing the adoption, development and implementation of Life Skills Education in post-primary pilot schools in Lesotho. In this study, "post-primary schools" refers to grades 9-10.

The main objectives of this study are:

- To explore stakeholders' perceptions of factors influencing the adoption, development and implementation of Life Skills education in post-primary pilot schools in Lesotho.
- To analyze the role and impact of the broader political, social, cultural and economic environment in which Life Skills Education is adopted, developed and implemented in post-primary pilot schools in Lesotho.

A further goal of the study is to recommend to the Ministry of Education and Training strategies for strengthening Life Skills Education programmes in post-primary schools in Lesotho

1.7 Study Significance

In a democratic world where issues of rights have dominated the responsibility of parents in children's upbringing, LSE is a tool to instil a sense of responsibility, value and attitudes required to make young people better people for now and tomorrow. As a result, the information generated from this study is hoped to positively promote the empowerment of young and children through skill development as way of combating HIV/AIDS infections and other social and developmental challenges facing these target groups in Lesotho.

The present study also aims to illuminate issues pertaining to the adoption, development and implementation of Life Skills programme in Lesotho with a view towards informing education planners and policy makers of ways of strengthening the capacity and efficiency of those implementing Life Skills programme in post and primary schools, Lesotho.

This study is also expected to generate a great deal of interest in future studies on LSE in Lesotho, not only within the MOET and the Ministry of Health, but also among other related Ministries and departments.

Lastly, the information generated from this study is intended to add to the existing body of knowledge on the development of Life Skills Education within sub-Saharan Africa.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter first introduces the role of education in the prevention and control of HIV/AIDS. It also provides an overview on the theoretical basis that underpins programme planning, development, implementation and monitoring of LSE programmes. This overview draws heavily on the work of Kirby, Laris and Rolleri (2006) and Gallant and Maticka-Tyndale (2004) and others. Kirby's work, in particular, has provided an empirical evidence measure for a successful school-based sexuality education programme (Kirby 2000). For this reason, Kirby's work has been widely used by other researchers to evaluate the effectiveness of a school-based sexuality or HIV prevention programmes all around the world, including in Sub-Saharan African countries (Gallant and Maticka-Tyndale 2004).

2.2 The Role of Education in the Prevention and Control of HIV/AIDS

Krug (1957:1) sees education as "a symbol of hope and confidence in the future of mankind". He maintains, "in every sphere of our lives it be political, social [health], economy, personal happiness, world peace and human brotherhood, we sooner or later observe education as the way that can lead to a better world". In this study, I will restrict my discussion to formal education and its role in the prevention and control of HIV/AIDS. To analyze the role of education in the prevention and control of HIV/AIDS, I would like to first take a broad perspective on the functions of education: education as a preserver, as a transformer, and as a means towards individual development.

2.2.1 EDUCATION AS A PRESERVER OF CULTURE INHERITANCE

The sociologist Emile Durkheim viewed the role of education as that of maintaining social solidarity through the transmission of norms and values. For him, 'society can only survive if there exists among its members a sufficient degree of homogeneity' (Haralambos and Holborn 1991:229-30). Durkheim, therefore, affirms education as capable of perpetuating and reinforcing this homogeneity. He further argues that the school serves a function which cannot be provided by either a peer or family member. The school promotes the principles a society holds. Thus, the school prepares an individual to cooperate with those outside his kinship or friend circles. He concludes by saying, 'the school provides a context where skill can be learned—as such it is a society in miniature, a model of the social system' (Haralambos and Holborn 1991: 230).

If ever there has been a time when societies need and value solidarity, it is now. The impact of HIV/AIDS on the social fabric of the society, particularly the family, has left the young generation with neither the resources nor the support to navigate their way to adulthood. For this reason, education is an essential element in the prevention of HIV/AIDS, and in promoting support and caring attitudes among members of society.

I propose that "culture" in the context of the current study be broadly defined beyond the terms of social norms and values to include the mindset (knowledge and understanding), perceptions, and practices that shape our total being.

2.2.2 EDUCATION AS A TRANSFORMER OF CULTURAL INHERITANCE

Research has shown a strong link between education and national progress. To illustrate this argument, Taba states that a 'progress in one is limited without progress in the other' (Taba

1962:22). She also argues that education plays a critical role in modifying and reshaping the culture in which it functions (Taba 1962:22). Speaking of the transformative role of education, Dewey argues similarly that, 'a progressive education is a vital part of successful democracy' (Haralabos and Holborn 1991:234).

Taking a closer look into the transformative function of education, it can be argued that education has the power to challenge some of our cultural inheritance, the social norms and values within our societies which may be drivers of the pandemic in themselves. In some parts of Africa, studies have shown that girls are more at risk of contracting HIV/AIDS than their male counterpart (Lewis 2003; and Dunkle and Jewkes 2007). On a similar note, however, Chege (2005) and Levack (2006) argue that masculine ideology that defines manliness encourage boys to engage in sexual risk-behaviours thus, put them equally at risk of HIV/AIDS infections. This situation limits the ability of young people to make informed healthy choices regarding their sexual behaviours. The limitation is worsened by the impact of global culture as broadcast through the media that encourages behaviours that heighten the risk of HIV/AIDS (Ward 1995 and Escobar- Chaves, Tortolero, Markham, Low, Eitel and Thickstun 2005).

Education has the potential to moderate these forces by broadening access to useful skills and knowledge in general, and critiquing socially harmful norms and practices that put young at risk. Education also provides an environment where young people can examine the inequalities that may prevail in their societies, thus upholding the values of equality, democracy and respect for human rights.

2.2.3 EDUCATION FOR INDIVIDUAL DEVELOPMENT AND THE "CURRICULUM"

The philosophy of individual development is centred on the 'whole child' education or 'child centred' school concept (Taba 1962:28). The 'whole' child education is one that promotes values like creative self-expression, individuality, activity, freedom from imposition from 'without', and growth from within'. Taba (1962:28) holds that one of the functions of the school, therefore, is to fill the gaps created during socialization because of the limitations imposed by the social [system] (Taba 1962:29).

The Ministry of Education and Training in Lesotho is faced with a serious challenge to tailor the education system in response to the challenges of the 21st century. The impact of HIV/AIDS on young people, in particular, challenges the government to restructure the education system so that young people and their concerns and needs are at the centre of educational activities. Education should help young people interrogate their social and cultural contexts, and, develop insights into their influence on their own lives as persons and as a society of young generation and future adults.

Schools function through an organized set of experiences collectively known as a "curriculum". In both developed and developing countries, education does not only fulfil the transformative function, but, as the discipline itself has transformed over time, from colonial times to the modern society. Different perspectives on education have thus given rise to different definitions of the "curriculum" (Salia- Bao 1989:3).

In this research study I have adopted a definition of curriculum based on societal perspective. Farrant (1980) in Salia Bao (1989:2) holds that the curriculum must be able to assist pupils to see the value of the past in relation to the present and the future; it must equip pupils with skills for modern living; and it must help to keep the child a fully integrated member of the

community. Krug therefore, sees a curriculum as a planned and an orderly study aimed at the improvement of schooling in the light of these objectives (Krug 1957:3).

Salia-Bao (1989) affirms this notion of a curriculum as planned study. And has recently provoked some debates concerning a need to shift away from a classical theory of a systematic (and a-social) curriculum planning process. He argues that the core theme in curriculum development should be the needs and culture of the society. To illustrate this statement, he draws a comparison between Britain and Africa, and, points out that in Britain, curriculum development followed a school-based situational model strategy driven by the needs of individual schools. In Africa, however, curriculum planning and development has usually been initiated and directed by external donors or central governments (Salia-Bao 1989).

He maintains that while such a centralized planning approach may be less expensive, but, it does not relate to the needs and culture of local communities (Salia-Bao 1989). Experiences from South Africa and Zimbabwe have shown that the involvement of policy implementers (at the local level) determines the success of programme implementation (Newell, Collins, Baral, Omar and Pande 2005 and Mumvma, Mujajati and Mufute 2005). As Mumvma et al have argued, in policy reform, what seems good for the political leaders may not appear good for the rest of stakeholders (Mumvma et al., 2005).

2.3 Curriculum Planning: Core Concepts and Key Stakeholders

On the basis of the argument put forth by Mumvma et al, it is evident therefore that planning is strategic point for a successful curriculum and or project development and implementation. The section below explores briefly some relevant concepts and their application in the programme planning. This information will assist the reader to draw an informative conclusion about the steps taken by the MOET (refer to chapter 5 below and 6) and perhaps the impact on the development and implementation of this curriculum.

2.3.1 CORE PLANNING CONCEPTS

Green (1992:23) summaries the process of rational planning in a few questions: What is the situation? Where do we want to go? Which possible alternatives are there for action? Which alternative is best? Likewise, Salia-Bao (1989) sees situational analysis as the first step in getting insights into the relevance of the current education system for the present and perhaps future needs, values and attitudes of the society. He further states that the stage of planning is also important in providing insights into the resources available in the society in relation to the demands of the curriculum. In addition planning provides information on the ages, class sizes, curricular practices and staffing (timetable, workloads, knowledge base, methodological expertise and training needs and perception about the programme), thus providing a platform for improvement.

He maintains that situational analysis further allows for preparation of school environment by examining the existing school policies in relation to the proposed programme, existing administrative structures such as school boards and or teachers' parents associations (PTAs), and general involvement the larger community in school activities (Salia-Bao 1989: 23).

The authors further indicates that analysis should be carried out at both central and local level of decision making to provide information about the existing national political philosophies and education policies, economic situation and capacity issues including knowledge expertise

about the reform, and existing teachers training programmes in managing the reform (Salia-Bao 1989:24).

For the decisions to be informative and inclusive, the project designer(s) must carefully engage in the process of stakeholder mapping, analysis and management. Broadly speaking these three concepts imply identifying all relevant individuals or groups, organisations and institutions which have a stake in the project. This knowledge provides an essential tool to win their support to the project. The authors conclude with a proposal therefore, that a successful project implementation begins with the involvement of all relevant stakeholders to inform its development (Green 1992 and Salia-Bao 1989).

2.3.2 STAKEHOLDERS ANALYSIS AND MANAGEMENT

A stakeholder is defined as any individual or organization with a particular interest or 'stakes' either in a policy or programme (Varvasovzky and Brugha 2000; Gilson and Thomas 2004). To identify stakeholders, an analytic process is undertaken in reference to the following attributes: the position of the stakeholder on the reform issue and the level of influence/interest or power they hold with reference to a particular issue (Varvasovzky and Brugha 2000; Gilson and Thomas 2004). According to Varvasovzky and Brugha (2000), the level of influence and interest signals the capacity each stakeholder has to promote or block the reform and thus, suggests ways of managing each stakeholder differently to get their support.

In chapter one of this research report, we learnt that the government of Lesotho, the churches and parents form the main groups of stakeholders in the education system (Education Sector Survey 1982 and MOET 2005). Nonetheless, these organs of the triangle model do not supersede the influence that the school principals, teachers and learners have in what goes into the curriculum (Klein 1991 and Hartmann 2002).

Like Salia-Bao indicated earlier on this chapter, the economic capacity within the education system in most African countries requires both technical and financial back up from donor agencies. Lesotho has not been an exception. The United Nations Children's Fund (UNICEF) and UNESCO in particular have played a major role in providing financial support and technical advice. These international agencies also fall within the circle of main stakeholders in LSE. LSE is a new field within education. For this reason, to develop this curriculum the MOET needed to consult with some other experts in this regard. Malawi therefore, stood for consultancy. The section below offers some advices on how to deal with consultancy.

2.3.3 CONSULTANCY IN CURRICULUM DEVELOPMENT

In developing the present curriculum, Lesotho solicited expert opinion from countries which had experience in developing their own LSE curriculum, in particular, Malawi. Krug (1957) asserts that issues like curriculum reforms may require expert opinion. He points out that often external consultancy is solicited. However, he confess that this 'practice often results in a mixture of joy and grief for all concerned' (Krug 1957:295). Krug goes on to suggest strategies or principles that may improve these working relationships. The first principle involves knowing your needs and getting the consultant who seems to be most likely to meet your needs.

Second, in long-term projects, a consultant needs to be familiarized with the local culture, the school system and personnel on a formal and informal basis. He warns that, the consultants, particularly if they are external, should not be allowed pass specific judgments on

controversial issues of local practices as such matters demand more knowledge and insights into local conditions. In such a situation, the consultants should suggest possible approaches and relevant literature pertaining to the issue.

As Salia-Bao (1989) has indicated, curriculum reforms are often initiated by donor agencies. This may mean that donor agencies have some degree of influence/interest and play the role of consultants in such programmes. According to UNESCO (2004) report, all UN agencies have since 1996 contributed, through a broad range of initiatives, towards the prevention and control of HIV/AIDS. These efforts have been jointly coordinated by UNAIDS (Joint United Nations programme on HIV/AIDS). Each of the nine United Nations (UN) system organizations (UNICEF, UNESCO, UNFPA, WHO, UNDP, WFP, ILO, UNDP and the World Bank) acts as a convener in a specific thematic area. For example, UNESCO convenes around education while UNICEF orchestrates LSE initiatives. The UNFPA supports Population and Family Life Education and the World Bank acts as the Multi-country HIV/AIDS Programmes main supporter (UNESCO 2004) of which Life Skills Education is part.

In Lesotho, UNESCO coordinated all educational matters through government ministries (UNESCO 2004). The role of UNESCO was to support initiatives and efforts, advocate and share information about the pandemic, and build capacity of ministries of education in training personnel, thus, helping the government to scale up their efforts towards prevention education for young people (UNESCO 2004).

2.4 Characteristics of an Effective Sexuality Education

Kirby et al conducted a review on the impact of school curriculum-based sexual and HIV education programmes in both developing and developed countries. Based on these reviews, they identified seventeen distinct characteristics of effective programmes (Kirby et al., 2006). Their study reported that among these characteristics, adult-led sexual health curriculum was noted as the most effective in reducing the risks of sexual behaviour of students (Kirby et al., 2006).

They organised these seventeen characteristics into three areas: curriculum development, curriculum content and curriculum implementation (Kirby et al., 2006). See the table below:

**17 CHARACTERISTICS OF AN EFFECTIVE CURRICULUM-BASED SEXUALITY
EDUCATION PROGRAMME (Kirby Et Al., 2006:71, Fig. 1)**

CURRICULUM DEVELOPMENT:

1. Involve multiple people or groups with different backgrounds in theory of behaviour, research on adolescents sexual behaviour, risks, and protective factors affecting their sexual behaviour, theory of instruction, evaluation, community and organisation involvement
2. Assessed the relevant needs and assets of targeted group
3. Used a logic model approach to develop the curriculum with a) specified goals, behaviour leading to STIs and HIV, c) identify risks and protective factors affecting those behaviours, d) develop specific activities to address those risks and protective factors identified
4. Design activities consistent with community values and available resource(staff, time, staff skills, facility space and supplies)
5. Piloted the programme

CURRICULUM CONTENT

Curriculum goals and objectives:

6. Focused on either: prevention of HIV, and/or other STIs, or unwanted pregnancy
7. Focused narrowly on specific behaviours leading to these health goals
 - a) gave clear message about these behaviours
 - b) and address situations that might lead to them and how to avoid them
8. Address multiple sexual psychosocial risks and protective factors affecting sexual behaviours

Activities and teaching methods

9. Attempt to create a positive social environment for youth to participate
10. Include multiple activities to change each of the targeted risk and protective factors:
 - a) effective curriculum covers: modes of HIV transmission, consequences, methods of prevention ,
 - b) common local myths about HIV /AIDS, testing and treatment of HIV/AIDS
 - c) to increase feeling of susceptibility the curriculum provides data on prevalence and incidence of HIV/AIDS and other STIs in the community or country
 - d) inviting HIV positive speakers to address the learners about the impact of HIV in their own lives
 - e) personal values about sex: group discussion on the advantages and disadvantages of engaging in sex
 - f) include common situation that might lead to sex and students brainstormed the methods of avoiding those situations or getting out of them
11. Employed instructionally sound teaching methods that actively involve participants, thus, help participants personalize the information
12. Employed activities, instructionally sound methods and behavioural messages appropriate to youth's culture developmental age and sexual experience
13. Covered topics in logical sequence:
 - a) Basic information about HIV/AIDS
 - b) Discussion behaviours to reduce vulnerability
 - c) Skills needed to perform these behaviours

CURRICULUM IMPLEMENTATION

14. Secure minimal support from appropriate authorities (Ministries of Health and Social Welfare, School District and Community Organizations)
15. Select educators with desired characteristics (provide training, monitoring, supervision and support)
16. implement needed activities to recruit and train youth
17. implement the curriculum with reasonable fidelity

2.4.1 CURRICULUM DEVELOPMENT

2.4.1.1 Consultation

Kirby et al point out that reports from these successful sex and HIV education programmes have shown that the curriculum development process was a consultative forum of individuals (Kirby et al., 2006: 30). For a successful curriculum the forum must also agree on the overall pattern of the curriculum (Taba 1962). They also argued it was important that stakeholders consulted had expertise in either curriculum design, theories of health behaviour, background research on adolescent health and risk perception, instructional design including activities used to teach youth about sexual topics, and/or background knowledge on culture. Kirby et al and others also point to the importance of monitoring as an essential component of curriculum development as well (Kirby et al., 2006; Kunya 2002 and O'Donoghue 2002).

2.4.1.2 Needs assessments

The second characteristic of effective programmes was that curriculum developers were guided by the needs of the youth on sex and HIV education. In order to identify these needs, research studies were conducted on adolescent sexual health and their perception of risks and protective behaviours (i.e. knowledge about the risk of sex, personal values and attitudes about sex, and perception about peer norms about sex and condoms (Kirby et al., 2006:31). Similarly, most of the HIV programmes in Sub-Sahara African countries were based on situational analyses, particularly morbidity statistics on prevalence and incidences of HIV/AIDS among the young people (UNAIDS 2001 and O'Donoghue 2002).

2.4.1.3 Logic models and conceptual frameworks

Thirdly, an explicit or implicit logic model approach or framework was important in developing successful curricula (Kirby et al., 2006:31). For him, such a theoretical model should show successful results in reducing other risk behaviours (Kirby 2000). Clear models help developers to specify curriculum goals and are useful in designing, implementing or evaluating HIV prevention curricula in detail (Gallant and Maticka-Tyndale 2004). The authors also remarked that the best theoretical models are drawn from theories of behaviour, learning and community development, e.g. Ajzen's (1991) Theory of Planned Behaviour (Gallant and Maticka-Tyndale 2004).

2.4.1.4 Evidence-based development

The fourth characteristic that Kirby et al pointed out was that effective programmes were research based. Using research evidence, curriculum developers were able to connect the psychosocial sexual risk and protective factors to specific health goals and outcomes (Kirby et al., 2006:31). It was therefore important to balance having a theoretical framework to guide development with empirical evidence that further refined decision-making in the development process.

2.4.1.5 Consonance with community values

The fifth characteristic was that effective programmes synchronised the curriculum with community values. For example, in some programmes, abstinence became an emphasis in the curriculum because the community valued abstinence (Kirby et al., 2006:32). To address possible discomforts contained in LSE, O'Donoghue's (2002) study introduces the element of time. Her study shows that it took two to five years for the ministry of education in Zimbabwe

to develop the curriculum and finalised teaching materials. Kunya further support these findings by stating that the lifetime of a project should not be so short that it has no chance to become truly effective. He proposes a lifetime of three years at the most (Kunya 2002). Other theorists in education maintain that the process of curriculum development be gradual (Taba 1962 in Salia-Bao 1989:18).

2.4.1.6 Consonance with local resources

The sixth characteristic was that the successful curriculum designs were not only matched with the culture but also synchronised with available resources and capacities (Kirby et al., 2006:32). In their study, Gallant and Maticka-Tyndale (2004) showed that the lack of resource was a major challenge in curriculum development in most Sub-Saharan African countries. This included lack of equipment and shortage of teaching staff in poor resource settings (Gallant and Maticka-Tyndale 2004). While many programmes do not take cognisance of local resource constraints, Gallant and Maticka-Tyndale have describe how Tanzania (Klepp 1994, 1997) and Uganda (Shuey et al., 1999) have been exceptions in that their programmes were designed in accordance with the resources and thus, were able to monitor and adjust the programmes accordingly (Gallant and Maticka-Tyndale 2004:348-1349).

2.4.2 CURRICULUM CONTENT: GOALS AND OBJECTIVES

2.4.2.1 Narrowing the focus

Kirby et al., (2006: 32) advice that an effective programme is based on clear goals and objectives. In their study, Kirby and associates have shown that effective programmes had narrowed their focus on either prevention of HIV and or other sexually transmitted infections (STIs) or unintended pregnancy (Kirby et al., 2006). Similarly in Sub-African countries, the programmes had narrowly focused on delayed sexual debut (Gallant and Maticka-Tyndale 2004).

2.4.2.2 Focusing on specific behaviours and specific contexts

They further stress the need for giving clear and consistent messages about specific behaviours, thereby addressing key risky situations and how to avoid them. Some of these effective programmes were designed to reduce sexual activity, while others were designed to increase condom use or contraceptives. Few of these effective programmes targeted prevention of pregnancy. The authors indicate that those that targeted reduction in sexual activity focused on either delayed sexual debut, reduced frequency of sex and reduced number of sexual partners (Kirby et al., 2006; Gallant and Maticka-Tyndale 2004).

Kirby et al., (2006) further suggest that an effective curriculum should also address broader issues of sexuality, relationships and gender roles and their relationship to risky and protective behaviours. It was also important to tailor these discussions to the local context. Those programmes, for example, that focused on abstinence as the best safe method, particularly in Africa, also emphasised the danger of transactional sex, whereby young people get enticed by gifts and treats in return sexual favours. As a result, most programmes had identified important community values and appealed to these values such as 'be proud, 'be responsible,' and 'respect yourself' (Kirby et al., 2006). Kirby et al., conclude by saying 'when these programmes appealed to these values, they made very clear what sexual and protective behaviours were consistent with these values'. In other words 'these values were not vague admonitions' (Kirby et al., 2006; 33).

2.4.2.3 Focused on specific sexual psychosocial factors that affect the sexual behaviours

Kirby et al indicate that although these programmes focused on different behaviours as indicated in 2.4.2.2 above, they tended to focus on overlapping mediating factors. Central to these effective programmes were aspects such as knowledge, perceived risks, values, attitudes, perceived norms and self-efficacy (Kirby et al., 2006:32).

2.4.3 CURRICULUM CONTENT: ACTIVITIES AND TEACHING METHODS

2.4.3.1 Creating a safe environment for youth to participate

In all of these effective programmes, ground rules for class involvement were established as a point of departure (Kirby et al., 2006). For example, the educators and the learners had to appreciate that all questions are legitimate. They also had to learn to respect themselves and others by not interrupting them (Kirby et al., 2006: 36). Researchers have shown that the presence of HIV/AIDS policy within the broader school system predicts whether teachers educated students about HIV/AIDS (Mathews et al., 2006 and Paulussen, Kok and Schaalma 1994). Similarly, UNICEF has expanded the concept a 'safe environment' to mean a safe home, school and community where consistent messages about the empowerment of young people against HIV/AIDS are preached (Raphael 2006). For UNICEF, such an environment would enable young people to synthesise and utilise the Knowledge and skills they have acquired in school to protect themselves against HIV/AIDS pandemic (Raphael 2006).

2.4.3.2 Use of multiple strategies

Researchers have shown that effective programmes use multiple strategies to either delay sexual debut or increase condom use or to prevent pregnancy respectively (Kirby et al., 2006:36; Gallant and Maticka-Tyndale 2004). Some effective programmes presented statistics on incidence and prevalence rates of HIV, others and pregnancy to increase a feeling of susceptibility among the youth (Kirby et al., 2006). In other programmes, parents were involved through assignments. Other programmes took the initiative of providing basic training for parents, empowering them with basic information on HIV prevention and adolescent sexual behaviour and skills for discussing sexuality issues with their children (Kirby et al., 2006). Researchers have shown that effective programmes also employed interactive learning (Kirby et al., 2006; Gallant and Maticka-Tyndale 2004) and teaching methods such as simulation, role play debates, and class discussions. Through the application of these teaching methods, youth developed core basic skills in HIV prevention such as assertiveness, critical thinking, self awareness (value clarification), respect for self and other, as well as communication, negotiation, and refusal skills (Kirby et al., 2006).

2.4.4 CURRICULUM IMPLEMENTATION AND EVALUATION

2.4.4.1. Securing minimal support from appropriate authorities and stakeholders

Kirby et al maintain that for the survival and ownership of programmes, the Ministries of Education should seek a minimum level of support from authorities such as the Ministry of Health and Social Welfare, school district and youth-based community organizations (Kirby et al., 2006:41). Carroll, Patterson, Woods, Booth, Rick and Balain (2007) posit that if the senior school management is also not committed to the programme, this can easily affect the perceptions of teachers and students about the programme as well. However, Mihalic, Irwin, Fagan, Ballard and Elliott (2004) argue that programme adoption by administrators does not mean that the programme will be implemented and sustained. Crucial to programme survival is motivation, support and buy-in from the implementing staff (Mihalic et al., 2004). Huberman and Miles (1984); Crandall (1989) and Goodman et al., (1992) add that the decision

to adopt an innovative programme is often made by school boards or committees and their buy-in is also an important element of success (Rohrbach, Ringwalt and Ennett 2005: 515).

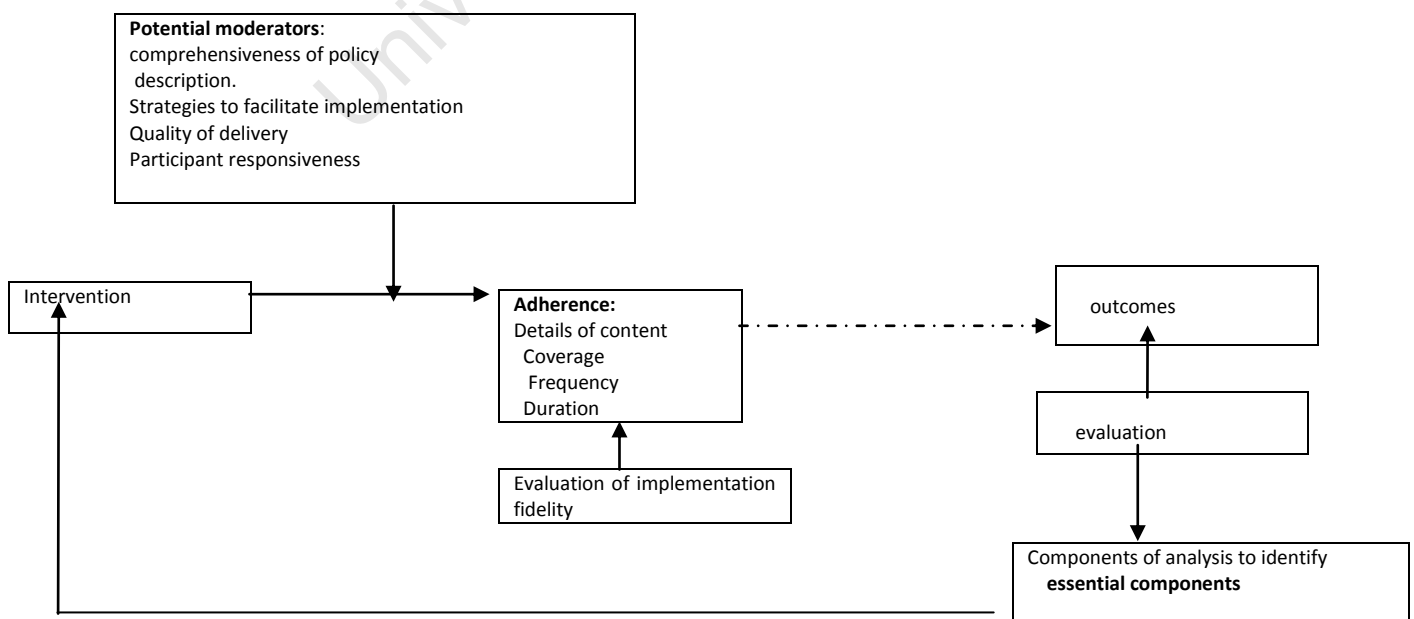
2.4.4.2 Selection, training, monitoring, supervision, evaluation and support of educators

Kirby et al maintain that it is crucial to carefully select educators/instructors with appropriate characteristics for the programme (Kirby et al., 2006). Daria and Campbell (2004) argue that a thriving sexuality education programme rests on the knowledge skills and attitudes of a facilitator. Because sexuality can be difficult to teach, it is imperative that teachers cultivate respect for learners, develop enthusiasm and are comfortable with the subject and clarify his/her own values regarding the subject. Facilitators should also learn to respect other people's values and beliefs and have adequate knowledge and skills to handle the topic (Daria and Campbell 2004; Mihalic et al., 2004). Conco (2004) argues that training changes employee' knowledge, skills, and attitudes and improves the level of competencies for better performance. Moreover, Kunya (2002) argues that this empowerment should through an ongoing training. Edmund points out that this training can take different forms, either on the job or outside the workplace in form of a seminar or workshop (Conco 2004:17).

2.4.4.3 Implemented curricula with reasonable fidelity

Kirby et al commend effective programmes for implementing curricula as designed. Implementation fidelity is defined by Dusenbury, Branning, Falco and Hansen (2003) as "the degree to which... programmes are implemented...as intended by the program developers" (Dusenbury et al., 2003 in Carroll, et. al., 2007:1). In this study, I borrowed some aspects of a framework proposed by Carroll et al (see Fig 1 below) to assess implementation fidelity.

Fig 1 **Conceptual framework for Implementation Fidelity** by Carroll et al., 2007



Carroll et al describe three categories of elements that characterise implementation fidelity: (1) adherence to the intervention, (2) essential components moderators, and (3) programme moderators. Firstly, Programme adherence addresses the question of whether the programme is delivered as it was designed by the programme developers in terms of content, coverage, frequency and duration. Secondly, for a programme to be successful and meaningful, only the 'essential components' of the model need be implemented. They thus further advise that these essential components could be easily identified through the use of statistical methods like sensitivity analysis or components analysis. They also argue that these elements also provide scope for adapting the programme implementation to the local conditions (Carroll et. al., 2007). Finally, Carroll et al talk of programme moderators. These are factors which may have an influence on the degree of fidelity with which an intervention is implemented. Carroll's model identify four types of moderators: intervention complexity, facilitation strategies, quality of delivery, and participant responsiveness (Carroll et. al., 2007).

2.5 Further Research on Factors Contributing to Curriculum Implementation

2.5.1 TEACHER'S ATTITUDES AND LEVEL OF CONFIDENCE

Teacher's attitudes and level of confidence determine the success of sexuality education. Studies conducted in developed countries such as the United States and the Netherlands (Bowden et al., 2003, Paulussen Wiefferink, Poelman, Linthorst, Vanwesenbeeck and Wijngaarden (2005) have shown that teacher's perception of the programme outcomes and their level of confidence were associated with successful implementation. Similarly in the Western Cape, South Africa, teacher's outcome beliefs were the best predictors of the extent to which HIV/AIDS education programmes were implemented in the secondary schools (Mathews et al., 2006). Ajzen (1991) defines outcome beliefs as the importance attached to a particular behaviour (for example, judgements about the possible results of teaching young people about condom use).

2.5.2 TEACHER'S CULTURAL BELIEFS, MORAL VALUES AND STANDARDS

Moral values are either personal or shared convictions that a person holds concerning a particular behaviour (Thomas 1997). These values are closely associated with attitudes, that is, we often favour things that we value. For Thomas, these values include preferences or things that different people attach great weight or significance to in their own lives (Thomas 1997). Moral standards are shaped by institutionally organized systems such as education, media, religion, politics and legal agencies. They also vary from person to person. Moral standards measure the degree of compatibility of one's own values with expected behaviour (Bandura 1989).

Baxen (2006) asserts that social and cultural factors influence the manner in which teachers get the message across in the classroom context and argues that such a contextual frame of reference is fundamental to understanding the challenges facing teachers in teaching sexuality and HIV/AIDS. For example, in a qualitative study conducted by Mbananga in the Eastern Cape in South Africa, teachers found it easier to talk about other ways in which HIV/AIDS is transmitted other than sexual intercourse. Teachers also identified the use of direct language (especially indigenous) in sexuality education as particularly difficult (Mbananga 2004). Baxen points out that English as a medium of instruction has been used by some teachers to save

themselves any discomfort induced by the local terminology for reproductive organs (Baxen 2006).

2.5.3 TEACHER'S COMFORT IN TEACHING SEXUALITY AND HIV PREVENTION EDUCATION

The term "comfort" appears to be one of the words with no clear-cut definition in the literature. According to Ajzen (1991), comfort refers to a person's motivation, which is influenced by how difficult the behaviour is perceived to be, as well as the perception of how successful a person can or cannot perform the behaviour in question (Ajzen 1991). Teacher's comfort is seen not only as relevant to teaching sexuality and HIV/AIDS, but it is also observed as being influenced by traditional and religious values (Baxen 2006). Trace and Richards (2000) argue that education reforms often expect teachers to teach more than what they know or understand, demanding from them knowledge and experience that many teachers never had. Comfort also entails classroom size, time allocation, and receptiveness in using non-traditional teaching methods (Milton 2001, Buston, Wight, Hart and Scott 2002; Bowden et al., 2003; Daria and Campbell 2004; Kachingwe, Kaponda, Mbweza, Magai, Norr and Norr 2005; Paulssen et al., 2005 and Mathews et al., 2006; Gallant and Maticka-Tyndale 2004; Ahmed, Flisher, Jansen, Mukoma, Mathews and Schaalma 2006).

2.5.4 TEACHER'S PERCEIVED SUPPORT IN TEACHING SEXUALITY EDUCATION

The term "support" may bear different meanings depending on the context in which it is applied as well. In this study, support refers to coordination of resources and provision for continuous teachers' training to ensure effective education programs (Milton 2001). Experience from Kenya has shown that teachers struggle when they find themselves in a situation where they get little support from the wider society and from the ministries of education but are nonetheless expected to deliver wonderful results and morally upright children (Kiragu 2007). Studies conducted in some developed and developing countries including South Africa have reported that involvement and support by the school administration, parents, and the community at large can enhance curriculum-based sexual and HIV prevention programmes as well as make them sustainable (Kirby et al. 2006; Akoulouze et al., 2001; Daria and Campbell 2004; Greenberg, Weissberg, O'Brien, Zins, Fredericks, Resnik and Elias 2003; Paulussen et al., 2005 and Mathews et al., 2006). Hawkins, Catalano and Arthur (2002) argue that the risks and protective factors that predict young people's behaviour exist in ecological domains of the community, family, school and peer groups. Therefore, effective preventive policies and programmes must be scaled to the community level.

2.5.5 PARENTS' PERCEPTIONS ABOUT AND INVOLVEMENT IN SEXUALITY EDUCATION

Sexuality education has been integral to growing up in most African countries including Lesotho. Traditionally, parents have been the channel for sexuality education. For example, the use of aunties, grandparents and initiation schools are all examples of family and community-based forms of sexuality education (Mturi 2003). These forms are changing and weakening, however (Mturi 2003), while the challenges of reproductive health facing young people are still on the increase (Makaretjane 2002). The parental role in sexuality education cannot be overemphasised. Kiragu (2007) argues that good sexuality education in schools should have a support of parent, but, most parents have left the burden teaching sexuality to teachers. Yet they quickly criticise teachers if they do not agree with certain aspects. A number of studies (Hartmann 2002; Mturi 2003 and Kiragu 2007) have shown that parents are reluctant to talk about sexuality issues with their children, thinking the discussion would encourage them to indulge early in sexual relationships.

Following the introduction of free education in Lesotho in 1999, Mturi conducted a study on the perceptions of parents regarding the introduction of sex education in the school curriculum. She found that parents were aware young people engage in sexual relationships and were in support for introduction of sex education in the school curriculum but they also held reservations regarding the subject under discussion (Mturi 2003).

Based on the recommendation from Mturi's study the government of Lesotho introduced "Family Life and Population Education" in schools. This was not significantly different from conventional sex education but because of the sensitivity of the subject in an African context, softer terms such as Population and Family Life Education or "moral education" and "HIV/AIDS prevention" have been adopted in many education systems including Lesotho (Kiragu 2007).

Following the introduction of this programme, another study was undertaken by Mturi and Hennink on perception of parents, teachers and young people on sex education. One of the objectives of their study was to identify sources of information on sexuality education. The results of the study indicated that parents were rated as the second most important source of information for young people (Mturi and Hennink 2005). While Mturi and Hennink's study indicated that majority of parents reported that they feel embarrassed to discuss sexual issues with their children (a reflection of cultural taboos), all participants also expressed belief in the benefits of sex education. Moreover, parents were willing to be informed about the subject so that they could provide additional support out of school.

2.6 Summary

This literature review has surveyed research on the process of curriculum or programme planning, development, implementation and monitoring. It draws experiences from other studies on issues pertaining to successful sexuality education. It is evident from the literature that the novelty of preventive education poses some challenges. However, education remains a hope of every nation to preserve young people by reducing the burden of HIV/AIDS infections through knowledge and skill development.

In Lesotho, at the time when Population and Family Life Education was introduced (1999), the prevalence of HIV/AIDS infection was not as high as it is today. However, parents were already concerned about the sexual behaviour of young people. Today, the impact of HIV/AIDS in families has opened a wider avenue for MOET to pursue LSE with the hope for stronger backup from parents themselves as primary carers for their own children as they grow up and confront the HIV/AIDS epidemic.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter addresses the methodological and epistemological orientation of the research study. It details the sampling process, site selection, recruitment, and tools used to collect data. The ethical considerations that inform the research study are also presented. The chapter concludes with a description of the process of data management and analysis.

3.2 Research Question and Study Design

The main research question in the present study was “what are stakeholders’ perceptions of factors influencing the adoption, development and implementation of Life Skills Education curriculum in post-primary schools in Lesotho”. Since the study seeks to understand the processes and the meanings, rather than predicting human behaviour, this study used a qualitative research methodology.

Creswell (1998) defines qualitative research as “a process of understanding, based on distinct methodological traditions of inquiry that explore a social or human problem” (1998: 15). Holloway and Wheeler (1996) maintain that qualitative researchers seek to understand the social phenomenon from the ‘insider’s perspective rather than imposing a framework of their own which might distort the ideas of the participant’ (Holloway and Wheeler 1996:3-4). Data gathered through qualitative approach are usually considered richer, more vital with greater depth, and also more likely to present a true picture of people’s lives, experiences, attitudes and beliefs (Haralambos and Holborn (1991:707) than quantitative methods. Qualitative research covers methods such as participant observation, unstructured interviews, historical/documentary analysis and textual analysis and graphics in studying social phenomenon in natural setting (Imel, Kerka and Wonacott 2002).

Polit and Beck (2006) have identified three commonly used qualitative research designs as ethnography, grounded theory and phenomenology. Henning, also (2004) points out that a case study is also commonly used where a study seeks to again a deeper understanding of a phenomenon where the boundaries between the phenomenon and context are not clearly evident.

The case study approach was used in this study. Yin (1994) quoted in Clarke and Reed (2006: 30-305) defines case study as an approach to empirical enquiry that ‘investigates a contemporary phenomenon within its real-life context, when the boundaries between the phenomenon and context are not clearly evident. Holloway and Wheeler (1996:157) posit that a case study design affords a researcher an opportunity to studying in-depth a phenomenon of interest, thereby employing different data sources, in order to illuminate the case from all sides.

However, unlike other qualitative research designs, a case study does not have specific methods of data collection and analysis (Holloway and Wheeler 1996). The authors therefore propose that methodological approaches in other designs such as ethnography or phenomenology may be employed in a case study design (Holloway and Wheeler 1996).

Qualitative researchers suggest that equally important to methodology, a researcher should also state clearly the epistemological stance in relation to the phenomenon under study

(Holloway and Wheeler 1996: 9). Epistemology is defined as 'the philosophy of knowledge' or how we come to know' (Henning 2004: 15). An Interpretive approach holds that the world exists but different people see it in different ways. Therefore, the role of social research is to discover how people interpret the world in which they live (Walliman and Baiche 2001:167; Holloway and wheeler 1996; Henning 2004). This study employs an interpretive epistemological orientation and research approach in order to achieve the objectives of this case study, which were:

- To explore stakeholders' perceptions of factors influencing the adoption, development and implementation of Life Skills education in post primary pilot schools, Lesotho.
- To analyze the role and impact of the political, social and cultural and economic environment in which Life Skills Education is adopted, developed and implemented in post primary pilot schools, Lesotho.

3.3 The Research Process

3.3.1 RESEARCH SETTING

Given the purpose of the present study, I have decided to define very briefly the research setting in terms of the map of Lesotho, political system, the education system, the cultural aspects, economic background and the status of HIV/AIDS. Hopefully, this information will give the reader a taste of a broader context underpinning the study.

The Kingdom of Lesotho is a developing democratic country situated in southern part of Africa. The Kingdom is entirely landlocked and surrounded by the Republic of South Africa (Lesotho Demographic Health Survey 2004). Administratively, she is divided into ten districts which differ in size, topography, climate and stages of economic development (Lesotho Demographic Health Survey 2004). The country has been divided further into residential urban and rural areas which were further subdivided into four ecological zones, namely; lowlands, foothills, mountains and Senqu valley (Lesotho National Demographic Health Survey 2004). The total population of Lesotho is estimated to be 1,872,721 million (Lesotho Bureau of Statistics 2007).

Lesotho is commonly known as a Kingdom. There are two ruling systems, namely democracy and Kingship (or governance of chiefs). This kingship governance is not only an identity, but also a way of empowering the people through governance of local chiefs. As a democratic country and a member of Commonwealth, Lesotho keeps up with general developments, like the Children's Rights Charter, the Millennium Development Goals and Multi-Country HIV/AIDS program initiatives. Lesotho has also engaged in some reforms where some governing powers are decentralized. Thus, decisions affecting the nation are made at central and local or district level, thus promoting community participation at all levels in all matters, including education.

Education in Lesotho is provided by both governmental and non-governmental organizations. The main three religious organizations involved in provision of education are Roman Catholic, the Lesotho Evangelical Church and Anglican Church, and a few Protestants churches. Each of these organizations subscribe to one national school curriculum. Such a curriculum is approved by the National Curriculum Committee (NCC) through the National Curriculum Development Centre (NCDC), which is a department within the Ministry of Education and Training (MOET). NCDC's mandate is to review and develop curricula for both primary and secondary schools in Lesotho (MOET 2005).

Because of the influence of the missionaries around 1839 (Education Sector 1982), Lesotho is predominately a Christian country. Basotho (the people of Lesotho) also deeply value their traditional culture. Finally, economically, Lesotho is classified among the middle income countries (McIntyre 2007). However, according to the world statistics, Lesotho ranks the third country with the highest HIV/AIDS prevalence amongst other Eastern and Southern African region countries (Raphael 2006). Young people are the most infected group with 60 new infections every day (*interview with one Education Officer at UNESCO Commission Lesotho 2008, 26. March*).

3.3.2 POPULATION AND SAMPLING

The study population was comprised of all stakeholders in the adoption, development and implementation of LSE in post-primary pilot schools in Lesotho.

In qualitative research, the key issue in determining the sample size is the richness of data collected (Polit and Beck 2006). In particular, qualitative researchers use two principles in guiding the sample size, the methodological criterion, and data saturation. A sample size of 10 or fewer is typical with many studies. In this study there were 22 participants. The reasons included getting as many groups as possible of relevant stakeholders in education in order to illuminate important features of the phenomenon under study and ensuring the credibility of the study findings by overcoming (Denzin 1989) the deficiencies that may flow from one source of data (Polit and Beck 2006:333).

Participants were purposively sampled for this study. In purposive sampling, participants or research settings are selected based on certain predetermined criteria depending on the researcher's judgment of its appropriateness to fulfil the needs of the study (Cohen, Manion and Morrison 2000). In the study the participants were selected on basis of attaining diversity of view point, representativeness of sectors involved, and a full range of stakeholders involved in the project. In the end, the study population was comprised of 22 participants; namely programme sponsors, designers, school principals, teachers, parents, church representatives and non-governmental organizations.

3.4 Ethical Considerations

The present study was approved by the Ethics Committee University of Cape Town (Appendix A). Permission was also granted in writing by the Ministry of Education and Training to conduct a research study with the relevant stakeholders (Appendix B). After getting the permission from the Ministry of Education and Training, I then recruited participants for interviews.

3.4.1 RECRUITMENT

I telephonically contacted each participant individually. For some I used their email addresses. I also had to physically contact those that I did not have their personal or office contacts. To access teachers, the school principal in each pilot facilitated the initial meeting between the researcher and the individual teachers. In almost all schools in Lesotho, parents have representation within the school boards.

My first meeting with each participant was for the purposes of building a rapport and to inform each participant of the purposes and the implications of my study. To facilitate

voluntary decision-making on the side of the participants, a package was provided containing a copy of UCT Code of Research Ethics involving human subjects, a consent form, interview guide (Appendix C interview guide for each group) and information sheet (Appendix D), which detailed all information including the ethical principles observed in the study. Each participant was given a minimum of 24 hours to think through the information before I could obtain a written consent to proceed with the interviews (Hunn in Gerrish and Lacy 2006:138).

3.4.2 RESPECT FOR PERSONS AND HUMAN DIGNITY

Participants' autonomy was respected by giving them all information relevant to the study in order to facilitate their informed decision (Appendix D). Respondents were requested to freely indicate any feeling of discomfort regarding the uses of tape recorder. I also respected the choice of my participants with regard to the use of language during the interview. Nine of my interviewees, including the parents, were interviewed in Sesotho. Thereafter, the interview transcripts were translated into English language.

3.4.3 PROTECTION AGAINST HARM

This principle proposes that under no circumstances should participants be subjected to harm, which could either be physical or psychological (coercion to participate) (Katzenellenbogen 2005). Therefore, the right to participate or NOT to participate was communicated to the participants. Equally relevant was the aspect of anonymity. For me, it has been really a challenge to 'fully' guarantee anonymity because of the position some of the interviewees hold within the Ministry of Education and Training, as well as the programme sponsors.

After explaining the nature of my study to the participants, all the interviewees were ready to be identified personally except a few who expressed the concern not to be identified by their departments. Nonetheless, I still assured them that their identities would not be anywhere in the interview transcripts or research report. Although this was difficult, especially in terms of department and positions however, their concerns were respected during the report writing.

3.4.4 THE PRINCIPLE OF JUSTICE

Premised on the principle of justice in research, I also explained to the participants that the information generated from the research study is hoped to suggest areas of concern and need for improvement in the adoption, development and implementation of Life Skills Education in post primary schools in Lesotho.

Secondly, it was felt that the information generated from this study might positively empower programmes for skill development among children and young people as a way of combating increasingly high incidences of HIV infection among the youth of Lesotho.

3.5 Data Collection

3.5.1 PILOT STUDY

The instrument (see below) was pilot tested among a group of teachers in one of the pilot schools. The purpose was to improve the questions for better understanding in order to capture the information required.

3.5.2 INSTRUMENTS

In order to develop a holistic view of a 'case' under study, multiple sources of data were required (Holloway and Wheeler 1996:157; Creswell 1998:61). Method triangulation broadens the understanding and providing conclusions as a basis for convergence about what constitute the truth about the phenomenon under study (Leonard 2004). Yin (1989) has identified six types of information collection methods relevant in a holistic analysis of an entire case: documentation, archival records, interview, direct observations, participatory observations and physical artefacts. In the present research study, I employed both individual interviews and documentary sources of data.

3.5.3 INDIVIDUAL INTERVIEWS

Interviewing is one predominant method of data collection in qualitative inquiry (Greeff 2002). Wallace (1998) identifies three forms of interviews, namely structured interviews, unstructured interviews and semi-structured interviews. Semi-structured interviews are the most popular form of interview and consist of open questions, prompts, comments and follow up questions for fuller, more detailed responses. They allow a balance of control and freedom to develop the interview (Wallace 1998). This study employed semi-structured one-to-one interviews

Two series of interviews were conducted. The first series focused on teachers, principals, NCDC staff and (curriculum designers), and UNICEF officials (curriculum sponsors and technical advisors). These interviews were conducted between November and December 2007 and took about six weeks. All interviews were conducted in English and were audio-taped after the permission had been granted from each participant.

The second series of interviews was conducted between March 26th and April the 15th 2008 and took about 3-4 weeks. The purpose of the second series of interviews was to give a chance to meet with education officials who were not available during the first series of interviews and to further explore issues that emerged during the analysis of the first set of interviews. I also decided to get the views of other stakeholders in education such parents, the churches and other NGOs. These interviews were also semi-structured and they were audio-taped. Five of the twelve interviewees opted to code-switch, two participants were strictly interviewed in English, and Sesotho expressions were allowed where there was a limited English vocabulary. Parents were interviewed strictly in Sesotho as planned. None of the participant declined either after introductory meeting or during the interview session.

3.5.4 DOCUMENTARY SOURCES

In this study, I reviewed the Teachers' Training Manual on Life Skills Education. The aim was to discover the aspects covered during the in-service training which may produce some insights on the quality of training and presumably teachers' readiness after the training.

3.6 Data Analysis

Patton (2002) describes qualitative analysis as a process of transforming data into findings. On the same note, she further points out that the process aims at bringing order, structure and meaning to a mass of collected data (Patton 2002). A similar argument is brought forth by Lackey indicating that the intention of qualitative data analysis is to clarify the topic by

organizing, interpreting and categorizing the data in such a way as to gain meaning and understanding of the phenomenon under study (Lackey 1991 in Leonard 2004:57).

Benner's analytic framework (Polit and Beck 2006:409) suggests three interrelated analytic processes namely; (1) the search for paradigm cases, (2) thematic analysis and (3) analysis of exemplars. In this study, paradigm cases were identified during the process of sampling and data collection. I purposefully selected 'the paradigm cases' [key informants] that first and foremost had a direct experience on adoption development and implementation of LSE in Lesotho.

The second part of Benner's analytic framework is the identification of essential themes (Polit and Beck 2006:409). However, her analytic framework does not provide a detail process of constructing the themes. Thus, at this point, I was mainly guided by Giorgi's (1985) analytic process (Polit and Beck 2006:411-412) as well as some aspects from Diekelmann, Allen and Tanner (1989) analytic processes (Polit and Beck 2006:410).

To bring together context and meaning, qualitative data analysis was iterative and multi-levelled.

3.6.1 STAGE 1: INTERVIEW TRANSCRIPTS

I transcribed all interviews verbatim, listening to the tape several times to get the spoken words as accurately as possible. Sesotho interviews were also transcribed word by word and then translated into English language. To begin the coding process, I read each transcript three times. These several readings brought me closer to my data and I began to be familiar with the content. Then I was ready to proceed to the next step of discriminating the meaning units from the participants' own descriptions of their perceptions about the phenomenon under study (Giorgi 1985 in Polit and Beck 2006:410).

3.6.2 STAGE 2: EXTRACTING MEANING UNITS

The meaning unit is defined as a label assigned to a group of words or statements, ideas, terminology, behaviours that relate to the same central meaning (Lundman and Graneheim 2004). Then to extract these meaning units, I followed an inductive approach where the meaning units 'are selected according to what data mean to the researcher' (Henning 2004:104). I manually highlighted sentences and/or paragraphs which had essential meaning relating to the adoption and implementation of LSE curriculum (Polit and Beck 2006:409; Henning 2004:104). In the process, I kept a very detailed record of the proceedings of every step taken in the analysis process. The process led me to the next stage of analysis, which is formulation of categories. Benner (1994) refers to this stage 'thematic analysis'.

3.6.3 STAGE 3: FORMULATING CATEGORIES (THEMATIC ANALYSIS)

Krippendorff (1980) refers to a category as "a group of descriptive level content that shares a commonality" (Krippendorff 1980 cited in Graneheim and Lundman 2004:107). Once the units of meanings were identified and documented, categories were developed. This was cautiously done to avoid disturbing the original meaning inherent in the extracts. I also solicited a second opinion from some of my colleagues who have been exposed to qualitative research methods, and also have been working closely with, from the inception of this study. This stage was finalized by bringing the opinions together in a consultative meeting and "resolving any disagreements on the interpretation by going back to the text" as Diekelmann

and associates suggest (Polit Beck 2006: 411). Then, I was able to move towards what Giorgi (1985) calls the “structure of the experience” or central themes (Polit and Beck 2006:410).

3.6. 4 STAGE 4: MAJOR THEMES (ANALYSIS OF EXEMPLARS).

Exemplars are defined as typical experiences that “illuminates the aspects of the paradigm case or theme” (Polit and Beck 2006:412). For Graneheim and Lundman, the concept of theme can be interpreted in many ways (Graneheim and Lundman 2004). However for the purpose of this paper, I have adopted Van Maanen’s understanding of a theme as ‘a thread of an underlying meaning through...categories, on an interpretive level’ (Van Maanen 2004 in Graneheim and Lundman 2004:107). Graneheim and Lundman posit that a theme expresses the latent [dormant] content of the text (2004).

3.6.5 STAGE 5: EXHAUSTIVE DESCRIPTION

Finally, the findings of the study are divided into three sections (curriculum development, curriculum implementation and community reaction). Each section comprises a chapter on its own. To provide a wider perspective and evoke a richer and critical dialogue around the themes, direct quotes from participants were used, insights were drawn from the documentary analysis as well, and a supportive relevant published literature was applied appropriate.

3.7 Trustworthiness of the Research Findings

Imel, Kerka and Wonacott point out that, “no matter the research tradition that is followed, the quality of the research is paramount if the findings are to be credible” (2002:2). Qualitative researchers, for example, use the terminology of trustworthiness and or credibility to achieve the same purpose (Lincoln and Guba 1985 in Polit and Beck 2006: 40-41). These researchers have identified several techniques including triangulation to ensure of the research processes and findings.

Triangulation is defined as corroboration of finding by using various theories, research methods, data collection techniques and different sources of data to confirm the findings and interpretations of the findings (Struwig and Stead 2001). In this study, I sourced information from different groups and employed more than one method in data collection about LSE in order to deepen the trustworthiness of the results.

Credibility refers to confidence in the genuineness of the data and their interpretations (Polit and Beck 2006). Polit and Beck (2006) have identified peer debriefing, prolonged engagement and member checks as various techniques for ensuring credibility. Van Kaam also talks of an expert opinion (Van Kaam 1966 in Polit and Beck 2006:333, 409). This study employed peer debriefing by soliciting help from colleagues who had exposure in qualitative research methods and whom I have been consulting and exchanging ideas with from the inception of this study. The purpose was to seek common understanding during the process of coding.

CHAPTER 4: OVERVIEW OF FINDINGS CHAPTERS

This brief chapter summarises the layout of data chapters. De Vos (2002: 353) views report writing as a critical stage in the research process at which a researcher 'synthesizes his/her discoveries and interpretation for public consumption' in a form of knowledge. Silverman speaks of qualitative report writing as taking a reader through a long story (Silverman 2000). For this story to be vibrant, interesting and credible to the reader, it is critical that a 'researcher provides enough evidence for the reader to believe the recount and accept the interpretations as plausible' (Newman 2000). Silverman further suggests that providing the reader with clear 'road maps' through and connects to the rest of the chapters (Silverman 2000).

Burnard (2004) suggests two form of storytelling in qualitative reports. One way of is to present the research findings on their own, although some qualitative researchers calls this kind of research report a '*bare bones*' (Susan and Allan 2006). Another form of reporting in a qualitative study is where the findings are backed with evidence from participants' quotations and relevant literature (Burnard 2004, Silverman 2000). Some qualitative scholars argue that the latter form is used more often (Walliman and Baiche 2001:202; Silverman 2000:245; Wisker 2001; Gerrish and Lacey 2006:498-9). The latter form of storytelling has been adopted in this present study.

The data chapters are organised into three distinct chapters. These chapters are based on the general principles in curriculum planning and development, implementation and reaction—and thus follow a roughly chronological structure (Newman 2000).

Chapter Five presents the findings and discussions on the broader themes that emerged around the initial development of Life Skills Education curriculum. Chapter Six focuses on implementation of Life Skills Education curriculum in selected pilot post primary schools. Lastly, chapter Seven presents the finding and discussions on the broader themes that emerged around community reaction towards the inclusion of Life Skills Education in school curriculum, particularly, in post primary schools.

CHAPTER 5: CURRICULUM DEVELOPMENT

5.1 Introduction

This chapter examines the development of the Life Skill Education curriculum in Lesotho. The sub-questions addressed in this chapter consider the context which led to the inclusion of Life Skill Education in the post-primary school curriculum and the early stages of curriculum design and piloting. The main sub-headings which form the structure of this chapter's discussion include: the context of Life Skills Education; programme planning and introduction; and curriculum design and LSE piloting and reactions. A number of key themes are explored under each of these sub-headings.

5.2 The Context of the Life Skills Education (LSE) Curriculum

5.2.1 HIV/AIDS AND THE PRESSURE TO DEVELOP LSE

Lesotho has the third highest HIV/AIDS prevalence rate in the world (Raphael 2006). HIV/AIDS had already been declared a national disaster in 2000 by King Letsie III (UNGASS 2008). Following this declaration, the Prime Minister of Lesotho mobilized the establishment of the Lesotho AIDS Programme Coordinating Authority (LAPCA) to facilitate the implementation of the National AIDS Strategic Plan. The strategic plan was developed to coordinate an appropriate national response to the pandemic. Despite the efforts of the government of Lesotho to control the pandemic, in 2003, HIV/AIDS was pronounced to have reached a crisis proportion. This happened following the Summit on HIV/AIDS for the Southern African Development Community (SADC) hosted in Lesotho (Kimaryo, Okpaku, and Githuku-Shongwe 2004). It was during this summit that the government of Lesotho and other Heads of the African Union (AU) re-committed themselves to turn their member countries into HIV-competent societies (Kimaryo et al., 2004). As a result, in 2004, the government of Lesotho introduced LSE programmes in the school curriculum as part of the national response to the HIV/AIDS pandemic.

To realize this goal of turning Lesotho into HIV/AIDS-competent society, the government solicited partnerships with international donors and the business sector. However, the challenge the government was faced with was to convince the international donors of the need for more funding. This had to be achieved by examining whether all avenues towards the control of the pandemic have been explored (Kimaryo et al., 2004). For this reason, as the main steward in the health system, the government urged every sector in the government ministries and institutions to take HIV/AIDS as everybody's business (Kimaryo et al., 2004).

The role of education towards the pandemic became a concern to both the government and the international donors. Government took responsibility to mandate the MOET to act upon this call. The commitment that the government has shown towards curbing HIV/AIDS in the country was interpreted by some participants as pressure from the political leadership and international development partners on the MOET.

Among the host of strategies, education was identified as a key in the fight against HIV/AIDS, not only in Lesotho but worldwide (UNESCO 2004). Evident within its education strategic plan document for 2005-2015, the MOET emphasise the universal education for all, 'Free Education' from primary to post primary education, and mainstreaming HIV and AIDS in the

school curriculum (MOET 2005). In 2005, through collaboration with UNICEF, the Government of Lesotho took an initiative towards protecting young people through Life Skills Education (see chapter 2).

In view of these developments within the education system, and with particular reference to secondary schooling, two participants described Life Skills Education initiatives as the main response of government to curb the crisis of HIV/AIDS in the country through the Ministry of Education and Training (MOET):

... in 2004/5 the Ministry with the assistance of UNICEF decided to develop Life Skills Education curriculum, and this was done particularly as [a] response to HIV/AIDS pandemic. ...that was the way [the Ministry of] Education and Training would majorly respond to the [crisis of] HIV/AIDS

Participant 1 added, however, that the MOET delayed its response to the government's call towards HIV/AIDS. Although the participant did not explicitly say why the delay, some in the MOET may not have seen the value of focusing on HIV/AIDS in particular. During the interview participant 4 expressed an opinion that a number of organisations in the country have geared their efforts towards HIV/AIDS prevention, yet there seem to be no improvement on the incidence and prevalence rates of HIV/AIDS in the country. This view point can thus be interpreted as the root cause of the delays on the side of the MOET to deliver. As a result of these delays, some donors were threatening to withdraw their assistance on other programmes including those targeted at HIV/AIDS orphans and vulnerable children. The government of Lesotho increased pressure on the MOET to do something concrete as part of the whole nation's response towards the pandemic. Participant 5 further indicated lack of financial capacity as one other factor which might have caused the delays within the MOET to respond to the call.

These reports indicate a close connection between political concern around the status of HIV/AIDS prevalence in the country and the development of Life Skills Education in Lesotho. These reports echo the finding of Chege and Akolouse et al. that in the Eastern and Southern African region the main driver behind the development of LSE in schools has been HIV/AIDS (Chege 2006 and Akolouse et al., 2001).

5.2.2 CONFLICTS AROUND THE INTEGRATION OF LSE WITH OTHER LEARNING AREAS

There were some participants, however, who maintained that the Life Skills Education was not, or should not be solely a response to HIV/AIDS. Three of these respondents made some reference to the existing curriculum and the need for a broad-based conception of the role of LSE. These respondents perceived Life Skills Education as a strategy for reforming the existing education system as a whole thereby addressing any number of emerging issues. For example:

If you look at our curriculum now, you will see that we are kind of dwelling much on content, on issues and nothing much on skills. You look at the different subjects we have on the curriculum, they are focusing on what... on the improvement of ...the knowledge and not on skills. So when we looked at this, we said oh! It looks like the problems we are facing as a country, will not come to an end if we do not introduce Life Skills Education... What we had in mind is that, if we introduce Life Skills Education to all, learners... we're trying to equip the learners with the skills... these...skills will help them to deal with the challenges of life... may be they will be able to deal with all challenges not necessarily HIV/AIDS.

The introduction of LSE in the school curriculum occurred at the time when the National Curriculum Development Centre (NCDC) was engaged in reforming the existing education system so these comments reflected a larger concern as well with the direction of education in the country. Three of the participants indicated that the reason for the reform was to move from subject specific to learning areas. A learning area is defined as 'chunks of learning modes and means by which life challenges are addressed' (Curriculum Assessment Framework Draft n.d: 13-14). The curriculum assessment framework spells out five learning areas, each with specific core contributing subjects. For example, under the "Personal, Spiritual and Social" learning area, the core subjects are history, religion education, health and physical education and development studies. LSE was supposed to be integrated in this learning area.

However, the idea of integration did not please the senior management in the MOET. Some of the responses reveal:

.... the Ministry... felt that given the pressure and the alarming rate at which issues like HIV/AIDS and the environmental degradation were impacting on this community, the best thing is to have Life Skills Education as a stand alone, not as integrated subject.

Commenting on these reports, one participant pointed out to difference of opinion held by the key stakeholders in the MOET regarding the approach to Life Skills Education curriculum:

You need to understand the dynamics involved. You do have like two sets of people... One set wants to use Life Skills Education to prevent HIV/AIDS... for them... that is the major thing. Again you do have another set which is majorly education ...who are saying let us use Life Skills to address a broader spectrum of issues not just zero it on HIV/AIDS....and all of these people are right but somewhere they clash in the process. I think that is the major challenge that we need to realize that it is existing in this curriculum.

5.2.3 SUMMARY

The Interviews indicated some divided opinion between the NCDC and the MOET regarding the motives and rationales behind the LSE initiative. One group of participants perceived LSE as main driver behind curbing the crisis of HIV/AIDS, while the other group motivated more broadly for the reformation of the education system as a whole through a LSE approach. Comparing these finding to other studies, for instance in Thailand and Zimbabwe, we would find that LSE in these countries was adopted explicitly for the prevention of HIV/AIDS. In Colombia and South Africa, HIV prevention curriculum also included a component on positive socialization, or "Life Orientation" (WHO 1999). The lines between LSE programs per se and other forms of prevention campaigns and initiatives can be fuzzy and the argument presented here is really that the scope of these programmes in these countries has varied, especially in terms of the capacity of education sector (WHO 1999). However, in all these programmes, the primary driver of the development of LSE has been mainly preventive with respect to HIV/AIDS (Mangrulkar et al., 2001).

These reports further support that the LSE approach can strengthen the wider school climate, understood here as being comprised of four aspects; the physical, social, affective and academic environment (Best Practice Briefs 2004). This means that the Life Skills approach to

education may provide a positive environment in which a number of social problems that confront young people and threaten the academic goals of the education system can be effectively addressed (WHO 1999 and Mangrulkar et al., 2001). While these competing explanations for the need for a Life skills approach are not necessarily contradictory, these interviews seem to reflect that fact that there was a significant tension between those who saw HIV/AIDS as the main driver behind LSE and those who wanted a broader and more integrated rationale for the programme.

There could be a number of factors which led to these tensions between the senior management and the professional staff within the MOET. First, just as HIV/AIDS is a top concern among young people in Lesotho, it is also a central part of the global agenda in public health. Thus, the government of Lesotho faces considerable pressure to act in accordance with its mandate as a member of the Commonwealth Countries and the strategic priorities it has identified. Second, a lack of resources could further impede the ability of the government of Lesotho to pursue more integrated, horizontal approaches. Donors seem to prefer vertical approaches to health problems and it can be quite difficult for governments to both resist the pressure to verticalise and at the same time implement horizontal programming which can be more expensive and take longer to implement and see results (Doherty and Govender 2004). Finally, the economical threat posed by HIV/AIDS on under-resourced countries like Lesotho (Makwiza, Nyirenda, Goma, Hassan, Chingombe and Bongololo 2006) might be a further reason for the emphasis on vertical programming that concentrates resources in specific areas of concern. All of these reasons could have had an influence on the strong motivation from the senior management in the MOET to see HIV/AIDS prevention as the main focus of LSE.

There are alternative economic arguments, however. The NCDC could have argued that integration of services was a way of improving efficiency. Given the well-documented inefficiencies associated with vertical programmes, this would have been a reasonable assumption (Doherty and Govender 2004). This has not only been the experience in education, but also in the health sector.

As in health, though, the structure of donor funding in education often works against more efficient and sustainable forms of programming. Funding, for example, often takes care of capital costs, while running costs remain a big challenge facing most education systems in the sub-Saharan countries (Gallant and Maticka-Tyndale 2004). This issue was raised during the interview as an experience regarding the introduction of different programmes in the MOET in the past:

...if external funding is there then yes the programme will continue, it will become a project and extend to a programme, but in most cases what happens is that eh, we start a project and then quick life span will only lasts until the money runs out, as soon as money runs out we somehow forget about the whole thing. There is nowhere that we can go out and follow up and make sure that what we have taught teachers still continues. So the same applies to this one[LSE]...now because this was not the first programme to be introduced to the teachers... this was not the first innovation. The kind of... reception we met from teachers was that oh! you are here again, this is another new thing... you come again... next year you will not be here.

It is also, important to note that the LSE initiative was part of an ongoing and urgent reform process in the education sector. There may not have been enough time for sufficient advocacy and reflection at the ministry level about the LSE program. This lack of time for critical

reflection and engagement is not unusual (Mangrulkar et al., 2001 and Salia Bao 1989). Muvuma, Mujajati and Mufute (2005), in fact, it has been argued that in most African countries policy reforms are preceded by some kind of crisis, and Lesotho is no exception. There have been a few cases reported where these reforms have not been sustained and successful (Muvuma et al., 2005). For example, the experience from South Africa and Zambia on implementation of health financing reform has shown that speedy changes may not be unsustainable (Doherty, Gilson, Lake, McIntyre, Thomas and Mwikisa 2003). On balance, however, policy reforms that are precipitated by crisis tend to be unsustainable and ineffective.

5.3 Programme Start-Up/Planning and Introduction

5.3.1 GAPS IN THE PLANNING PROCESS

It is evident from the interviews that the concern over a high infection rate in the country along with political pressure from the government translated into a curriculum development process that was hurried. On average a curriculum development process takes a minimum of two years. However, the LSE curriculum was developed and piloted in six months. This hurried process apparently led to many more gaps down the road:

Looking at the number of children that are at schools...who may not have been infected... I think they had delayed the start on the process and when they had to start... they had to rushed everything ...otherwise it was sending a wrong messages that the Ministry of Education and Training did not care about [the status of] HIV/AIDS [in the country]... I think that was the reason why it was that rush.

While these respondents indicated a strong political leadership in the government of Lesotho towards prevention and control of HIV/AIDS (Consensus Statement 2007), they also suggested that the MOET was not convinced early about the crisis of HIV/AIDS. Given the rush under which this programme was developed and the uncertain priority given to HIV/AIDS in the MOET before this initiative, one could conclude that the MOET was pressured to be seen doing something to appease the government and lessen the pressure to be seen responding to the pandemic.

Whatever the motivations and agendas of the MOET and the government of Lesotho more broadly, in practice, not all relevant stakeholders were consulted or involved about this innovation in the curriculum. As result, the reception of this new subject was often not positive at the site of implementation:

My understanding is that, certain processes were missed... As for as my knowledge of introduction not, only of Life Skills, but the curriculum in schools, there was not adequate consultation with the stakeholders, and to me a teachers is the key stakeholder especially, getting the head teacher on board. The school principal is the heads teacher and she/he has a team of teachers. So these people should have been consulted and should have been brought on board. The decision was top-down approach where the decision was made at the top level which was fair and good in terms of especially the call of HIV/AIDS, and Lesotho being one of the countries with high prevalence of HIV/AIDS in the world, that decision on itself is not faulty. But I think one needed to get a sense of eh... buy- in from the

stakeholders. [This is] the reason why I said that, once that opportunity is missed is part of the problems we actually have now in adopting and implementing the curriculum. I already realized that this was a serious problem, a serious omission had been made in terms of programming. That is why when the piloting stage came there were some principals who might have told their teachers not to bother with this thing, but to continue with their regular teaching.

These reports describe the planning as a political process (Green 1991). Drawing from other countries, the experiences with TB decentralization and economic reform from South Africa and Zimbabwe, respectively, have shown that the involvement of policy implementers determines to a great extent the success of programme implementation (Newell et al 2005 and Mumvma et al., 2005). The top-down decision-making at work here, and the poor buy-in that resulted, resonates with the argument put forward by Mumvma et al., that in policy reform, what seems to be good for the political leaders may be good for the rest of stakeholders as well (Mumvma et al., 2005). One participant added that it wasn't only buy-in that was missing, but basic channels of communication:

I remember when we were doing the...the curriculum centre was doing the pilot, and teachers went to the district education offices where the inspectors are placed and asked them questions in relation to the curriculum, the office could not respond because they did not know what the curriculum development centre was doing at that particular time.

These interviews further confirm the rushed processes under which the LSE curriculum was developed. On this basis, it can be anticipated that such missed opportunities might have hampered the quality of the implementation of this curriculum. The inadequacies of a rushed introduction of a curriculum have been well-documented in the literature (Ahmed et al., 2006 and Conco 2004). These issues are especially important when dealing with a new area of study, such as LSE, which addresses issues of behaviour and requires both new forms of content knowledge, new pedagogical techniques and new forms of monitoring (Kirby et al., 2006). However, because of the rush, many of these important elements were omitted in the design of this programme (Visser-Valfery 2008).

Another gap which resulted from the rushed process involved the allocation of the new subject in school timetables and teachers' loads. In their interviews, participants indicated the MOET did not establish how the new subject would be slotted into the school time-table. As a result, teachers were struggling to find time outside the school time table in order to teach LSE. Not only was there no consultation or formally approved space in the timetable, but also the materials were not ready at the time of piloting and teachers were not prepared to handle questions and demonstrate expertise in this new subject. However, regardless of these significant (and foreseeable) problems, school principals were pressurized to adopt and timetable the new subject. One participant said:

we were told that all the government schools are going to be forced to teach Life Skills Education. I think after three weeks they were checking in all schools to see if the subject is on the time table in all the districts where Life Skills has been piloted. Lucky enough in my school we had it on the time table already.

5.3.2 SUMMARY

The inadequacies of a rushed introduction of a curriculum have been well-documented in the literature (Ahmed et al., 2006 and Conco 2004). These issues are especially important when

dealing with a new area of study, such as LSE, which addresses issues of behaviour and requires both new forms of content knowledge, new pedagogical techniques and new forms of monitoring (Kirby et al., 2006). However, because of the rush, many of these important elements were omitted in the design of this programme.

These reports present another example of the political pressures on the NCDC to implement the curriculum without the usual solid foundation process of developing a coherent and integrated curriculum. The responses resonance an argument that LSE is often perceived as soft subject (Ahmed et al., 2006) such that there seem to be an assumption that once teachers are given curriculum materials, they can simply teach LSE (Kelly 2000). This approach significantly underestimates the challenges associated with this new approach to education. A lack of adequate training and up-to-date materials has been reported in a number of studies as the main impediment in the implementation of LSE (Ahmed et al., 2006; Gallant and Maticka-Tyndale 2004 and Milton 2001).

These kinds of planning and implementation challenges are not unique to the MOET. There was, for example, a campaign on universal testing in Lesotho called the “Know Your Status” campaign. Human Rights Watch and the Aids and Rights Alliance for Southern Africa (ARASA) reported that although Lesotho’s KYS [Know Your Status] programme was noble in ambition, it was weak in action. These weaknesses included being under-funded, incomplete and ineffective, and, in practice, chaotic in its implementation (Staff Reporter 2008). Clearly some of the pressures faced by MOET and the inadequacies of its planning and implementation reflect broader problems with HIV/AIDS related programming in the health and education sectors.

Other important findings that emerged from the interviews were the that monitoring seemed to be one of the weakest points, the staff are not adequately trained, they are not held accountable and there was absence of policies and guidelines that would provide for some level of accountability and quality control. This seems to be a universal problem within the ministries in Lesotho (Kiragu 2007 and Motsoeli 2008). To be sure, lack of resources may explain a lot of these inadequacies. Even in South Africa, with more resources to work with, a lack of resources was reported to have significantly hampered the implementation of the Outcome-Based-Education curriculum (Ahmed et al., 2006). As Gallant and Maticka-Tyndale have argued, under-resourced countries need to be given special consideration when designing HIV prevention programmes (2004). This does not mean, however, that questions of stakeholder buy-in and monitoring and evaluation can simply be ignored.

5.4 Curriculum Design Process

This section builds on the previous sections of this chapter. On the basis that schools were excluded in the planning of this curriculum, the questions on curriculum design were addressed directed to the programme designers and sponsors. In chapter two of this thesis, Kirby talks about two models of sexuality/HIV prevention education curriculum (Kirby 2000). The focus therefore in this section is to understand the process of designing LSE curriculum and the model the MOET envisaged to have.

5.4.1. CURRICULUM FRAMEWORK

When the idea of LSE came to Lesotho, the process of reforming the existing curriculum at the time was already in process. As in any curriculum development, the process began with the

development of an assessment policy. The purpose of this assessment policy was to guide the designing of the entire curriculum model and its implementation. To enable this process the minister of education enacted a forum to work on the assessment policy. This forum was comprised of representation from teachers' association, school proprietors, the Examination Council of Lesotho (ECL) and professional staff at NCDC. This forum was also inclined to see LSE in an integrated fashion:

[We were thinking] something that will make it slightly different from what you might have experienced in South Africa or somewhere else.because people [the consultative forum] were approaching this from different stand points... like you would approach it from health. Somebody will approach it from the gender, environment, and moral and eh...human perspective of the church based organization and so on... UNICEF... their concern would be HIV/AIDS and the like.

However, the outcome from this forum did not satisfy the Senior Management in the Ministry of Education and Training (SMOET). The SMOET argued that HIV/AIDS has impacted significantly on the nation and therefore needs special attention. The SMOET felt the assessment policy put less emphasis on LSE in relation to other components of the overall curriculum. For this reason, the SMOET motivated that LSE be a stand alone subject. To accomplish this assignment, NCDC hired a consultant from Malawi. This was done with the advice from UNICEF. The reason was that perhaps Malawi could share its experiences since it had just gone through the exercise of developing its own LSE curriculum. So, a workshop was organized by the MOET and facilitated by the consultant for NCDC.

Some local NGOs who had run LSE programmes in schools prior to this government's initiative were also invited to the workshop. However, the outcome of this workshop was also not fruitful. The SMOET questioned the framework used to develop the content on Life Skills Education:

Another debate at production level...People would be challenging the content, people like the NCC [the national Curriculum Committee] if I am talking from their perspective. They were saying No... now this consultancy based product... Life Skills [Education] curriculum... they have invented subjects not skills. For instance, under the environmental eh.... population and environment... it was purely, purely geography component.... ..

However, the concern from the SMOET was that teachers would ask students factual information about HIV/AIDS rather than teaching them skills. Consequently, NCDC was tasked to re- structure the curriculum framework such that it reflects skills not content. In other words, the new framework highlighted skills [i. e communication, assertiveness etc...] instead of the content.

The curriculum reform began with a consultative forum of stakeholders and continued with the work of a consultant. However the forum may not have been inclusive enough. Like Kirby et al suggest that among other stakeholders those who have background on theories of health behaviour, background research on adolescent health and risk perception, instructional design including activities used to teach youth about sexual topics, and the community would efficiently inform the development of such a curriculum (Kirby et al., 2006). But in this case parents, churches, the national AIDS Commission and the Adolescent Department in the Ministry of Health and Social Welfare were not included in the forum.

Interviews about curriculum design further confirm the lack of consensus between the SMOET and the professional staff at NCDC. Again these reports illuminate some degree of tension between these departments. For instance, following the consultancy workshop, some members of the NCDC seem to have had a clear understanding of those themes used to develop the curriculum layout. Nonetheless, NCDC seem to have been reluctant to convince the SMOET about the layout, and rather resorted to the solution of re-structuring the framework as the SMOET suggested.

Did the NCDC feel powerless to convince the SMOET of the layout curriculum? Perhaps the NCDC also doubted the layout? Or perhaps the SMOET dominated curriculum decisions more generally such that NCDC feels somehow powerless (Klein 1991). The novelty of LSE required new expertise even within the top management. Perhaps the rush led to a missed opportunity of building the capacity in SMOET and among the professional staff at NCDC (O'Donoghue 2002). One of the sponsors was concerned, for example, that the designers of LSE curriculum were not given fair time to understanding the new concept and its application (Conco 2004). These reports support the argument that in Africa, curriculum development often fails to reflect the needs of the education system because the process is often dominated by the central government and is undertaken without the requisite expertise (Salia Bao 1989).

Experiences from other countries such as Zimbabwe and Latin America have shown that policy makers need to be convinced of the importance of a health promotive strategy (O'Donoghue 2002 and Mangrulkar et al., 2001). To me, the thematic framework itself was not a problem especially because it was used effectively elsewhere, for example in Zimbabwe (O'Donoghue 2002). Evidence from some studies have shown that content poses the greatest challenge to the teachers in handling LSE (Mangulkler et al., 2001 and Kiragu 2007). The critical point, therefore, rests upon the preparation of teachers. They need to be empowered on how to address such issues. That is teachers' training like it was in the case of in Zimbabwe had to specify both factual information on HIV prevention (content), as well as psychosocial life skills (O'Donoghue 2002 and Mangulker et al., 2001).

5.4.2 FORMALIZING LSE AS A "WORKING TITLE"

From the interviews, the participants indicated that during the stakeholders meeting some discrepancies were observed amongst the NGOs regarding the approach. For example, some NGOs would uphold abstinence-only messages in their curriculum, while others would promote condom use or perhaps contraceptives. Participants were also concerned that many NGO programmes were not approved by the NCC as mandated by the education policy in the country (education sector 1982). The consensus reached was that there should be one curriculum authorized by the MOET, and, that was LSE.

Apart from these irregularities in the NGO sector, there was also an effort to ensure international development agencies were also coordinated and didn't further the duplication and fragmentation of life skills-oriented programs:

Another key aspect that needs to be put in the context is that eh... two United Nations organizations were supporting two different programmes. UNFPA which is United Nation Population Fund was promoting population and family life education and UNICEF, which came to promote Life Skills education. So it was good that a decision had already been made in Lesotho that the two UN agencies do not support two separate initiatives, for the MOET as if they were different things. But they should come up with one programme to support, and, it was decided that let it be Life Skills Education as a 'Working Title' for the programme.

SMOET and NCDC still disagreed, however, on the concept of integration. On one hand, the SMOET proposed two curricula, one that would address the academic subjects and their evaluation and the other would be a standalone curriculum that addressed all social and economic issues as they relate to HIV/AIDS. In other words, LSE should be one programme which integrates all health and social development programmes.

On the contrary, NCDC felt that LSE should be integrated into other academic subjects. For instance, in history, a teacher would help a learner to cultivate the Life Skills, for example, knowing the self and understanding possible influences which may predispose one to HIV/AIDS infections. However, the challenge remained that these perspectives were never discussed to reach a consensus or a compromise.

There could be a number of reasons why the concept of integration was viewed differently. For instance, shortage of staff could have been the main driving force for NCDC to advocate that LSE be integrated into other subjects. There would be no need to think about fitting it into the time table if the subject was well integrated into other subjects. In under-resourced settings such as sub-Saharan Africa, HIV prevention curricula is often perceived as an added burden and such a curriculum tends to be neglected by teachers (Gallant and Matlack-Tyndale 2004).

Another challenge was that at the end of the process, two parallel curricula were produced by the MOET. These were LSE integrated in other subjects and LSE as stand alone curriculum. This kind of an outcome did not only affect the implementers of the curricula, but also created a challenge within the department concerned [NCDC] on how the two programmes would be administered in schools.

These findings support the argument that verticalization is often associated with some inefficiencies including disruption of national capacity (Doherty and Govender 2004). Perhaps one could argue that the economical impact of HIV/AIDS on the health care system made the SMOET focus on HIV prevention and hence, LSE as a stand-alone subject. Or maybe the experience of working with donor agencies could have influenced the decision (Unger, de Paepe and Green 2003 in Doherty and Govender 2004:20).

These debates on the framework led to another challenge at the production site. The SMOET was not happy about the framework used to develop LSE content. For this reason, the SMOET requested that NCDC restructure the framework and the content of the curriculum. However, the restructuring of the framework did not please the sponsors of the programme. They were especially concerned about the teaching and learning materials developed out of this new framework.

This was no small issue for the process of curriculum development. HIV preventive initiatives have captured a lot of interest from international communities in many countries. Likewise, Lesotho also enjoyed partnerships with UN agencies in a number of programmes including LSE. Since 1996, the UN family has been the mainstay in a range of HIV prevention activities. Each of the nine agencies convenes a particularly thematic area. UNICEF coordinates LSE initiatives. UNESCO convenes the “education for all” initiative, and the World Bank mainly supports multi-country programme of which LSE is a part (UNESCO 2004, Zwicker and Ringheim 2004, Raphael 2006). UNICEF is one of the main stakeholders in this curriculum and their concern regarding the change in the curriculum framework carried substantial weight. One participant, a member of UN family, expressed the legitimacy UN has to express this

dissatisfaction about the materials. He gave an account of the mandate all UN agencies have as a family towards HIV prevention:

When that happens, it no longer becomes UNICEF issue alone; it raised a lot of interest within UN family. After we made those materials available to UN family, they were read and made their comments separately.

The participant continues:

...So the whole idea of sharing the materials was in that spirit of we are now looking at the materials as one UN family not as one UNICEF, irrespective of who is funding.

We shared those comments with the NCC in July 2007, as UN this is what we think about the materials and they said they were going to meet and they would call us for the meeting, so that we would know what to do, because we said we could not advise NCDC to change without NCC knowing.

In the process of these debates, the World Bank demanded to have those materials for evaluation. Two participants reported on this incident. The World Bank apparently demanded an evaluation study of the new curriculum materials. To illustrate the power exercised by the World Bank, one participant, a member of the NCC, used words like *“very powerful fellows”*. Another participant used words like *“demanded”* to confirm that whatever the World Bank did was done against the will of the SMOET. For example this is what the participants said:

There were two people who came through the World Bank demanding to do what they called...evaluation of the materials... I was one of the people who attended the meeting, which was called by the CEO (Chief Education Officer) curriculum and he advised against what they wanted to do. Basically they wanted to assess the materials they assumed that the materials were ready. But he actually said they are still in draft form what they could do is to establish baseline data for example ask teachers what they know about Life skills, and what learners know, and when the programme is implemented you may come to evaluate the implementation. But they got the materials for their own reasons because they were not happy about the Ministry refusing them to take the materials as they wanted to do.

These participants further illustrate the political context of the development of LSE curriculum. This seems to have been a very shocking situation for the MOET for the World Bank to force its way into accessing the materials in the manner that have been described. Clearly, power relations between the two institutions were uneven. These reports also suggest that control over resources is a key determinant in LSE curriculum decision-making (Varvasovszky and Brugha 2000; Thomas and Gilson and 2004).

5.4.3 CRITICS ON LSE MATERIALS

Following this evaluation, the World Bank pointed out that the materials were lacking ‘a strong HIV prevention message’. The main concern according to the World Bank was that the materials did not address issues like condom use and the materials were lacking content on sexuality education. In terms of the scope of HIV prevention messages covered by the curriculum, four out of five participants indicated that the MOET adopted an abstinence-only model approach to LSE. These participants said this model was adapted from primary to

secondary education level. The choice of this model was influenced by considerations for Basotho culture where sex and sexuality are taboo (Mturi 2003; Kirby et al., 2006).

This choice was also based on past experiences where programmes of this nature [Population and Family Life Education] were introduced into the school curriculum and opposed by the community (Ministry of Education and Training 2005). One participant felt that the curriculum did address sexuality education and maintained that the problem is simply how much learners get exposed to such issues. This participant felt that this concern over the lack of HIV prevention messaging was not out of concern for Basotho culture but an agenda of the international donors:

I really want to give you the whole insight into this thing for you to understand what is happening within...because why is the UN also pushing that it[Life Skills Education curriculum] should have strong HIV/AIDS prevention message?...[it] is because the money that they [Ministry of education] are using to develop this curriculum... is the money ear marked for HIV/AIDS... the money that UNICEF is providing is the UNICEF's response to HIV/AIDS in Lesotho. It is UNICEF support to the government of Lesotho in responding to HIV/AIDS... and part of that money is going towards development of Life Skills Education. That is why some of us who are working on HIV/AIDS this side feel it should have strong HIV/AIDS prevention message because at least we are trying to use it as a tool....

Although participants had different opinions on the issue of the curriculum coverage, they were in agreement that the curriculum does not sufficiently expose young people well enough to core LSE material. It is also important to note that there were no uniform guidelines for teachers regarding the frequency with which LSE should appear on the timetable. As a result, a number of contradictions were reported by the participants. For example, two participants said LSE was suppose to be taught about 40 minutes, twice a week, while six other participants [teachers and principals] said that the NCDC said they should use their free period to teach LSE. If there was no free period, LSE would therefore not be taught. Given the rate at which young people are being infected by HIV, however, the sponsors were really concerned about the efficiency of this programme:

...again related to the curriculum itself... the way they had arranged... it was found that like in a year may be children[learners] would have been exposed to life skills... about... 3 or 4 times. In other words, in terms of the dose effect if you want to change the behaviour, dose effect would be very low, it is too low.... we know that repetition helps to bring about change. Repetition in many different ways helps to bring about change. So, if there would be so little of it being taught. Personally I do not think we can bring about any change. I think this is one of the observations made even from the UN family.

If the MOET adopted an abstinence-only approach to LSE, the content of the teaching materials would be influenced by the "model-approach" For example, in Lesotho the goal of LSE was to delay sexual debut. Therefore there would be no way the curriculum would emphasize condom use (Kirby et al., 2006). Nonetheless evidence support abstinence –plus model as an effective strategy in delaying sexual debut, promotion of condoms use and contraceptives in later years (Kirby 2000). Contrary to Kirby's experience, however, the review by Gallant and Maticka-Tyndale showed that in Africa, such an approach met with a lot of challenges (Gallant and Maticka-Tyndale 2004). The authors reported an exception,

though, where the model was applied outside the school curriculum and led by other professionals [i.e. doctors].

The sponsors seemed not to be happy that this several aspects of HIV prevention could have been left out in favour of an abstinence-only approach. Their argument was that young people are exposed to a lot of influences including the media. They see sex on the television and want to experiment with what they see. As a result, these young people do not abstain from sex and have to be equipped with all knowledge on preventive measures. The question asked by several participants was how are we to address these issues if they are not covered by the curriculum?

Examining the scope of HIV prevention message in the curriculum reveals another omission by the MOET. In Lesotho, parents and church leader form part of key stakeholders in the education system (MOET 1982). However, we have learnt that in planning these stakeholders were not included. As a result, this led to many other complications. For example, most of the schools in Lesotho are owned by the churches. It therefore, possible that any curriculum which may contradicts the church ethics is likely to be rejected. Drawing from other countries, Zimbabwe designed HIV curriculum based ABC model. To make this possible Zimbabwe engaged in an extensive involvement of church leaders and parents. To align the HIV prevention message with their culture, Zimbabwe curriculum had some Bible quotation as part of the content (O'Donoghue 2002). As a result, the curriculum received a lots support from the communities.

The World Bank pointed out another concern regarding some cultural rituals which are known to fuel the transmission of HIV/AIDS. References to these were included in the curriculum. One participant described some local scenarios in the curriculum on HIV/AIDS transmission but argued that these were not core issues for the prevention effort:

You know why [grade 4 syllabus was said to be] weak? , they [World Bank] cited two areas...we have kids stealing peaches, running under the fence being cut by the fence, we have kids walking around the school and being cut by the bottles, we have kids 'ba phatsang' (**this is cultural practice used by traditional doctors in Lesotho to 'cure' some' disease or evil spirit by cutting through the skin, using one razor blade for all**), queuing at home... so we are asking kids to talk through. You know the comments of our brothers, 'a very unlikely scenario...we have never seen HIV transmitted through the razor blades, through bottles and fences, "why can't you talk the real... thing [meaning sexual contact] the real issues on how HIV/AIDS is transmitted. I think we should be more explicit" I am quoting them....

Although the World Bank questioned some of these scenarios, these are socio-cultural issues (Kirby et al., 2006; Taba 1962 and UNESCO 2004) that are relevant to HIV/AIDS transmission. Kirby et al write that successful sexuality education programmes should address the cultural practices the community (Kirby et al., 2006). It also seems the delegates from the World Bank had not been in the country for long, and as such had no cultural background on Lesotho to give constructive criticism in that regard. Rather the World Bank was supposed to provide advice and let the MOET make the final decision on the type of LSE curriculum model (Krug 1957).

5.4.4 COMMUNICATION BETWEEN THE SPONSORS AND THE MOET

From the inception of this initiative, communication seems to have been a problem not only between the sponsors and MOET but also within the MOET. This programme could have achieved more if the key role-players had time to discuss issues together. This observation was also made by one of the key stakeholders that *'I think the major thing which we have not done very well is to be able sit down and reach a compromise and agree at least on a compromise that satisfies all of us'*. One participant described the perspective of the UNICEF office towards the concept of a 'strong HIV message' within the context of Lesotho:

I think is how issues are related so that we don't have a very long open discussion like sex and so, displayed in the materials. But in the process if for example a student asks something related to that, a teachers should be empowered... even if it is not in the student book. But the teachers should give relevant HIV prevention information...we have to find the best way of including them in the curriculum, so that this basic minimum HIV prevention message is known, and is included in the materials. We are not saying everything...

He drew from Zimbabwe's experience and said:

In Zimbabwe, when the programme started, it took 2 years to develop just one book because there was extensive and intensive consultation... because it was a new subject therefore there was a lot of debates and issues especially the church. ...this could work for Lesotho because most of the schools are owned by the churches.... that what comes into the schools is what they would abide by in terms of their principles and ethics.

There also seems to have been misunderstanding around UNICEF and the printing of teaching and learning materials:

[also] somewhere there was communication breakdown and there was this issue as if UNICEF has stopped funding the printing... we actually sat down for some weeks ago with NCC, Irish Embassy and representation from Global Fund where we explained that no, UNICEF[regional office] had never given any directive. What they are expecting from the Ministry was to submit a request for printing. So we have had a meeting about 2 weeks ago where, Global Fund had had another meeting with the Ministry, we told them our position... because the Ministry had told Global Fund that UNICEF had stopped funding. They came here and we told them our position, that we have not, but we simply told them that as UNICEF and UN family we have a concern about the materials, they need to be strengthened. We are still prepared help technically... strengthen the materials and [we will] immobilize resources for their final printing.

5.4 Conclusion:

We shall conclude this section by summarising the main findings in this section of the chapter and briefly touching on the socio-economic, cultural and political environment in which LSE as developed. It is evident that the crisis of HIV/AIDS in the country motivated the initiative by the government through the MOET. However the take up of the project was not smooth. The prominent reason was lack of consensus within the MOET led to many other unresolved issues which weakened other stages of the curriculum development. Secondly, it took the MOET six

months to develop LSE curriculum and thus led to many more gaps in the curriculum planning and development.

The curriculum began with a consultative forum which was a good footing for the MOET. However, the forum was not initially meant to develop LSE but rather to reform the existing curriculum from subject specific to learning areas (chapter 5). Therefore this meant the forum which engaged in the development of this curriculum was not inclusive enough (Kirby et al 2006) to inform the development of this subject curriculum. LSE is a new concept in education. It therefore required time long enough to understand the concept and apply. Thus the six months were extremely insufficient to convince and win the support of other policy makers within the MOET (Mangrulkar et al., 2001). As a result tension mounted between institutions and resulted in insufficient communication exhibited by misinterpretations and misinformation the between sponsors and the departments within the MOET regarding some issues pertaining to the framework used to develop LSE curriculum and the curriculum content .

5.5 Piloting the LSE curriculum and Reactions

5.5.1 TEACHERS' IN-SERVICE TRAINING (WORKSHOP) ON LSE

On completion of curriculum design, NCDC was ready to implement this curriculum in some pilot schools. In the introductory chapter, I have indicated that they were 80 schools in which this curriculum was to be piloted. Thirty of them were post-primary schools, while the other 50 were primary schools. So, for the curriculum to be piloted, NCDC needed support from the principals and teachers in these respective pilot schools. My interest here is to understand whether and how NCDC won the support of the school principals and the enthusiasm of the teachers in the new subject.

All thirteen participants reported that teachers and principals were introduced to LSE through a workshop. Four participants reported that the intention of the workshop was to dispatch the materials and syllabi to the pilot schools so that teachers could start teaching this new subject. On the contrary, three participants indicated that they had never heard anything about LSE before:

I only discovered during the course of last year (2006) when the materials were about to be piloted and NCDC was now choosing the schools, and I was asking if the principals were ready for this and the teachers. They [NCDC] said they actually have to call the principals of the school where those materials are going to be piloted and tell them about the programme and also to call teachers from those schools and sensitize them a bit, so that they may be able to know what to do otherwise people did not know about this.

Five participants reported that the time principals and teachers were given to get to know about LSE and were expected to teach it was too short. They were also concerned that the training was done in a hurried manner. One participant remarked on the quality time given for this training and possible effects thereof:

...because we were in a hurry when implementing this, there was no time, the training was VERY SHORT. In fact I wouldn't even call it training because if it does not last for two weeks... I don't know whether to call it training or not. Actually what we did was only to orient teachers to Life Skills. So it became very difficult for some teachers to understand what we are expecting them to do.

Teachers confirmed that the workshop was too short. They also expressed dissatisfaction regarding the structuring of the workshops:

We were just given eh... about 4 days workshops, they were really sequential but we were not like going for all the 4 workshops. So it means there is no continuity really... the workshops that were given like you asked, they were not enough, THEY WERE REALLY NOT ENOUGH.

Only three participant out of eight reported that the workshop was informative. The rest of the participants reported that they did not learn enough. These three participants, though, had background knowledge in counselling while the rest did not. These finding echoes the argument Conco puts forth that an effective in-service training relates to the past experience of the teacher (Conco 2004).

There were also complaints that a lot of information was given within too short a space of time. One participants reported that the information was:

'forced into our heads.' I get nothing because a lot of things were forced into our heads, by 'nothing' I mean eh, we were just told, or taught this things not... giving us time to practice them, demonstrate...

Participants also noted that training needed to acknowledged teachers as people with values and attitudes that might be challenged by the LSE training:

Life skills deals with issues of attitude, issues of behaviour, there is no way you can teach it and not challenge yourself as a person. So have not as yet got to the stage where ...we have help teachers to deal with their own issues... people have to have a picture of they need to appreciate who they are, what kind of life they are leading and why they leading that kind of life. You know they need to be aware of those kinds of things, and we have not prepared our teachers for that, that is one.

These reports support the argument Kiragu puts forth that unless teachers are themselves informed on LSE they cannot instruct others (Kiragu 2007). These findings also echo the results of the study conducted Malawi whereby a teacher's personal behaviour and perspectives was reported as a potential impediment in teaching HIV prevention education (Kachingwe et al., 2005). In South Africa, similar inadequacies were reported in the context of rushed in-service training on the OBE (Outcome-Based Education) curriculum (Conco 2004).

5.5.2 CONTENT COVERAGE AND TEACHING AND STRATEGIES

Three participants pointed out that Life Skills addresses sensitivity issues of sex and sexuality. Therefore, they maintained that teachers needed to be empowered on how to communicate such issues with the learners:

...another big challenge of course Life Skills [Education] deals with issues of sex and sexuality... had we prepared our teachers to be able to carry this subject and be able to communicate those kinds of sensitive issue

However, given the circumstances under which this training was offered, the participants doubted if those aspects were addressed during the in service training, including the teaching strategies applied in LSE:

Life Skills [Education] require teachers to interact with the children, you cannot deal with life skills... and expect to be there as teacher standing in front of the children and giving them all the information. I know our teacher training institutions do train people on that, but very few people do it when they get to schools. In Life Skills it is even more imperative...here we use experiential learning, you draw from the children's experiences being interactive in our methodology... I don't think we have trained them enough on that area ...

After the workshop, the training teachers felt that the training did not equip them with knowledge on Life Skills teaching methodology. These findings support the argument that a lack of sufficient facts about sexuality makes teachers less confident to teach LSE issues (Ajzen 1991). Milton further argues that for some teachers, the content taught in sexuality courses is new information, therefore the training has to prepare teacher to understand child and adolescent development pertaining to sexuality (Milton 2001). These concerns are in addition to concerns about the lack of training in teaching strategies appropriate to LSE.

5.5.3 IMPLEMENTATION GUIDELINES

Participants were also concerned that NCDC did not provide them with legal and policy guidelines on how to teach this new subject. In particular, they were concerned about the frequency with which LSE should be taught:

they were actually giving us some form of guidelines as to how the whole programme will be implemented... they were not really anything compulsory or anything documented that we would say, is the mode that has to be adopted by the whole country. They were in a form of suggestions and most of the suggestions were basically coming from the participants of the workshop. like we were say okay, you may have ample time, say your lesson... have about... subject have about 5 lessons per week or 6 lessons per week, and what we would suggesting is...,now take may be one or two of those lessons...you spare them for teaching Life Skills education. Or maybe say you have a study hour at school...

Some participants reported that the discretion was left to individual schools as to how often LSE would be taught to learners:

As to how often life skills education should be taught say per week... it was left upon the discretion of each school based on how packed the time table is... the only specification was that it should be taught from Form A to C [i.e. Grade 8 - 10].

Another concern raised by the majority of the participants was about the lack of an assessment framework for LSE.

....If we are saying we put life Skills into practice, we make it may be something like a subject, there should be clear ways of how this is going to be evaluated.

These findings echo the findings of Flodden (1997) in Kiragu (2007:7) 'that education reforms often call on teachers to teach more than what they know or understand, demanding from them knowledge and experience many teachers never had'. According to Kiragu, a lack of guidelines on how to handle sexuality education tends to fuel teachers lack of confidence in a subject (Kiragu 2007).

5.6 Review of the Main Findings

Participants indicated that high rates of HIV/AIDS in the country motivated the introduction of LSE. For this preventive education to reach a larger percentage of young people government of Lesotho targeted the school curriculum. Lack of consensus among key stakeholders within the MOET, however, weakened the design and the take up the programme.

According to the interviews, it took six month for Lesotho to plan and pilot LSE curriculum. Given the novelty of LSE in education, this was too short a time to learn constructively from this initiative before it is disseminated throughout the country. As a result, of the rushed process omissions were made and key stakeholders were not consulted. On a similar note, the teachers' loads, expertise, knowledge and attitudes were not taken into cognizance during the planning of this initiative. These omissions already suggest possible implementation challenges during the piloting stage. The fact that the curriculum design did not have monitoring package was a further weaknesses since monitoring is a critical component of a successful HIV preventive education curriculum was omitted (Kirby et al., 2006).

The curriculum layout became another debatable issue within the MOET at this point in time. The SMOET questioned the framework used to develop the content for LSE curriculum and that led to the following issues negative knock-on effects including tension between the curriculum sponsors (particularly the World Bank and the SMMOET), the teaching of some skills in isolation issues of others and reducing the exposure learners have to the curriculum.

Communication between sponsors and the MOET was another critical problem during the design of this curriculum. A number of issues were thus left unexplored. For instance, the issue of a 'strong HIV message' in the curriculum meant different things to NCDC and the UNCEF Lesotho.

On completion of curriculum design, NCDC was ready to pilot this curriculum in some schools. The orientation training was done for teachers and principals but this process too suffered from serious deficiencies including being too short, covering too much material, presenting complex concepts in too abstract a fashion, and not providing guidance on key content gaps, teaching strategies and the assessment framework.

In summary chapter five informs the reader of the socio-economic context [crisis of HIV/AIDS] which led to the LSE initiative, particular targeting young people in schools. The chapter further reflects some political background under which this curriculum was developed. For example, lack of consensus within the MOET regarding the approach to and focus in LSE curriculum, omissions made during the curriculum planning which properly might have affected the implementation during the piloting phase, tension between the curriculum sponsors (particularly the World Bank and the SMMOET), regarding the curriculum layout, and misinterpretation of some issues owing to insufficient communication between the sponsors and the MOET.

The next chapter then, analyses the challenges and successes incurred during the implementation of LSE curriculum.

University Of Cape Town

CHAPTER 6: CURRICULUM IMPLEMENTATION

6.1 Introduction

The previous chapter analysed the context of LSE programme planning and introduction, curriculum design and piloting and reactions. This chapter examines the adoption and implementation of LSE curriculum in the pilot post-primary schools in Lesotho.

6.2 Teachers' Expected Support from the Ministry Of Education and Training

6.2.1 FOLLOW UP AND SUPPORT

This section addresses the support teachers received from the MOET during the piloting of LSE curriculum. Participants indicated that at the orientation workshop, the MOET had promised to provide follow-up, supervision and support to help them get started teaching the new subject. However, all eight participants indicated that the promise was not fulfilled. For example, one teacher said:

During the workshop the MOET promise that they would make follow ups, come to talk to us and listen to problems we are encountering in teaching the new subject. But that did not happen. They also promised to follow up the school management to make sure the new subject is on the time table. Another teacher added that, the promise was never exhibited [fulfilled].

Similarly, one principal expressed a concern and made a reference to similar programmes that were introduced into the school curriculum with much more active follow-up and support. In particular he mentioned Population and Family Life Education programme, saying:

...they used to come to our school to find out whether we are actually teaching and they also guide us in the teaching...

Teachers and principals were clearly expecting some kind of support from the MOET to get started teaching the new subject. However, from the reports teachers found themselves struggling to cope with the new curriculum. In her study, Kiragu (2007) pointed out that when it comes to sexuality education, teachers are expected to mould children according to acceptable moral standards. She argues that the assumption behind this is that because teachers are trained to teach, then it should not be an uphill task for them to handle the subject of sexuality subject. As a result, they 'find themselves in a situation where they have little support from the Ministry of Education' (Kiragu 2007: 8).

There are similar examples in other countries like South Africa where the introduction of a Life-Oriented curriculum left teachers with a similar lack of support. In their analysis, Ahmed et al. hypothesised that, historically, Life Skills Education has been perceived as a soft subject (Ahmed et al., 2006). Both of these reasons may account for the fact that the MOET failed to provide any meaningful follow-up and support to teachers for the new LSE curriculum.

To have a better picture of what transpired regarding this issue, a similar question was addressed to the programme designers (at the NCDC). In their reports the NCDC realised a need for follow up. They, however, reported that they faced several constraints. Here are some of the responses from the programme designers:

You know when you work at the curriculum centre, you come across certain things that happen not only in the centre but within the Ministry itself... So, what happens is that we introduce these emerging issues in the curriculum and we implement them. But somehow, I think the implementation will last...as long as there is funding from somewhere. If external funding is there then yes the programme will continue, it will become a project and extend to a programme, but in most cases what happens is that we start a project and then quick its life span will only lasts until the money runs out. As soon as money runs out we somehow forget about the whole thing. There is no where that we can go out and follow up and make sure that what we taught teachers still continues. So the same applies to this one... because this was not the first programme to be introduced to the teachers, this was not the first innovation.

A similar experience has been reported within the Ministry of Health and Social Welfare with the introduction of the "Know Your Status" (KYS) campaign. In his response to the findings of the Human Rights Group from South Africa on Know Your Status (KYS) campaign, the Minister of Health and Social Welfare admitted that among other challenges KYS faced was the lack of resources which limited the supervision services at the community level (Motsoeli 2008: 2). Given the scale of KYS campaign, one would have expected that a supervisory follow up would have been part of the planning process, of which it does not seem to be the case based on the statement given by the Minister Himself.

In a new programme, a typical follow up would ensure consistency between a programme delivery and design specifications (Patton 2002) implies a typical follow up would be focused on process evaluation which is often referred to as programme monitoring. Patton outlined the following reasons why programme monitoring has been an essential element in programme development: one, she argues that when the programme summative evaluation 'reveals no impact or little, it is often not because a programme is ineffective, but rather that its implementation is faulty or incomplete.' She continues by arguing that programme monitoring provides information that allows for immediate refinement of the programme. She concludes that without adequate monitoring, it may be difficult to estimate the effectiveness of the initiative (Patton 2002).

An important question to ask in this context is what would have been an acceptable level of follow-up? Although the participants had no specifications in terms of frequency, they indicated that there should have been periodic visitation to individual schools. They argued that this kind of support was necessary to find out how teachers are coping with the new subject and also to offer some periodic training as a follow-up to the initial LSE training for teachers.

Patton suggests that periodic follow ups could be as frequent as 'every week, or every month, or every three months or any time period feasible for a particular situation' (Patton 2002). In their review, Gallant and Maticka-Tyndale have shown LSE in South Africa, Tanzania and Uganda were found successful in achieving their goals. These countries were explicit in monitoring their programmes. In terms of piloting time period, Tanzania and Uganda programmes ranged between 1 to 2 years (Gallant and Maticka-Tyndale 2004).

Zimbabwe also embarked in routine monitoring as well as regular trainings to ensure effective implementation of the LSE programme. Their monitoring included not only visits and trainings but the monitoring of actual teaching practice in classrooms (O' Donoghue 2002).

On the basis of the literature, it means the period of one year duration (2006-2007) of piloting LSE was sufficient for Lesotho to learn from the project. We learnt that in 2008, LSE was disseminated to the other sites in the country. The challenge to MOET is to strengthen these other elements monitoring in order to get the anticipated outcome.

Given the novelty of sexual health in education, experience from Zimbabwe tells us that the MOET could have regularised the supervision visitation to school like say weekly for two month and again fortnightly for the next four month. That would probably be intensive enough for the first six months. Thereafter it could be have monthly for the next six month of the pilot phase. It was therefore critical for MOET to involve the district education officers to facilitate this exercise.

This lack of adequate follow-up support is subject to a lot of interpretation. For example, it could be perceived as evidence of government's general lack of investment in this programme. One participant at NCDC said:

In most cases what happens is that we start a project and then quick life span will only lasts until the money runs out, as soon as money runs out we somehow forget about the whole thing. There is no where that we can go out and follow up and make sure that what we taught teachers, what we taught teachers still continues. So the same applies to this one, now because this was not the first programme to be introduced to the teachers, this was not the first innovation.

On the contrary, evidence has shown the government of Lesotho was strongly behind social developments strategies, of which LSE is one (UGASS 2008, Kimaryo et al., 2004). Perhaps lack of support and follow-ups may suggest lack of political will from the department of education (NCDC). As one participant at NCDC said:

it is our tendency that we only stand up support and follow up teachers when there is money. When there is no money, we are here we sit in our offices, like I am here today.

Generally speaking monitoring seems to be a major problem hampering HIV response strategies in the country (Visser-Valfrey 2008), like we mentioned the KYS programme as an example. That was the first innovation of its own kind. As a country we face a challenge to develop model projects 'worthy of replication and dissemination to other sites parts in the country or elsewhere' (Patton 2002 in Strydom et al 2002:379). Researchers have argued that education seem not receptive towards preventive programmes, particularly HIV/AIDS (Visser-Valfrey 2008). This means this kind attitude is likely to stifle the progress and process.

6.2.2 TEACHING MATERIALS

Teachers expected the MOET to provide teaching materials as another form of support. However, their reports varied regarding the adequacy of the materials provided. Two teachers from one school indicated that the MOET provided the syllabi and manuals to teach LSE. One of these two teachers reported that the materials were useful and sufficient in number. On the contrary, in another school, three teachers indicated that it was difficult to teach the new subject as they had only the syllabi with no reference material.

Responding to this issue, one participant from NCDC indicated that they [NCDC] provided pilot schools with the syllabus. In addition, schools were provided with teachers' guides [reference materials], except the learners' books. On one hand, some of these reports confirm what we learnt in Chapter Five that, at the time of piloting, some of the materials were not ready. We learned that the trainings were conducted at different times, and were attended by different groups of teachers and principals. These reports suggest that the teaching materials may have been distributed unevenly among the participants as well. Consequently, lack of follow-ups might have contributed to this oversight discrepancy between pilot schools.

6.2.3 TRAINING ON CURRICULUM MATERIALS

Teachers also complained about inadequate training during implementation. All participants reported that the training was too short. As a result, it was difficult for some teachers to understand the concept of LSE, let alone its application. It is therefore, not surprising for them to display mixed feelings about the materials. For example, one of the participants said:

...I think the problem may be was ...some of us may have not been so conversant with the teaching methods and educational studies or curriculum concepts.

I did indicate that in addition to the interviews I also reviewed teachers' training LSE manual. The reason was to have idea of what was covered during the training. The manual is categorised into three units. Unit 1 covers the list of skills and the definitions. Unit 2 covers the issues driving the development of LSE curriculum (i.e. growth and development, drug and substance abuse, gender, sexually transmitted Infections and HIV/AIDS etc), however these appear as broad topics, each with a brief introductory summary. And Unit 3 focuses on the teaching and learning methods.

Mangrulkar et al have shown that in teaching LSE, these three elements must be integrated in a triangular form, one leading to the other (Mangrulkar et al., 2001). These researchers have outlined the three elements as skills, factual information on sexual health, and participatory teaching methods (Mangrulkar et al., 2001).

In chapter five we learnt that Lesotho followed an abstinence model to LSE. Teachers' training manual too emphasises that the participants were cautioned to focus on only on abstinence from sex. However the layout of the training manual seems to be lacking on the key content to address in promoting abstinence behaviours. Like Kirby et al suggested that these broad issues must be discussed in relation to risky and protective behaviours (Kirby et al., 2006). The authors further suggest where the curriculum appeal to important community values such as 'be proud, 'be responsible,' and 'respect yourself', these values should not be vague admonitions' (Kirby et al., 2006; 33). The question of how these broad topics were translated during the training can only be answered through a participatory research. This is one limitation in the present study. In conclusion, this findings support the observations made by Visser-Valfrey who reported that teachers' training LSE manual lacks the factual information HIV/AIDS (Visser-Valfrey 2008).

6.2.4 INTEGRATION ACROSS THE CURRICULUM

Although this study does not focus on an evaluation of the teaching materials, I happened to see the Life Skills Syllabus for the post-secondary level. The LSE curriculum is built on a thematic framework. I focused on the three themes in the curriculum which are dealing with HIV/AIDS, gender, drug and substance abuse. My initial impression is that each theme is

taught as a separate entity with a very minimal reference to the other, yet each of these themes has a bearing on the prevalence of HIV/AIDS. I argue that extensive practical demonstrations on how these issues relate to HIV/AIDS would have enabled teachers to have a different perspective towards the initiative.

The importance of integration across the curriculum can be seen in other cases. For example, in the results of a study conducted by UNICEF (2003) in the Eastern and Southern Africa region on Life Skills teaching materials, Uganda scored very high. One thing outstanding about the quality of its teaching materials was the integration of different curriculum aspects all the topics covered. Furthermore, the results show that this integration was evident even at the time of teachers' training on LSE in Uganda.

6.2.5 NORMS AND STANDARDS/ASSESSMENTS

Another concern from the teachers was on the frequently with which the subject should be taught and how the subject should be assessed. A number of authors (Bern and Pauly 1975; Fullan and Pomfret 1977 Parcel et al., 1995 in Rohrbach et al 2005: 515) have argued that 'schools are more likely to adopt new programmes that are well specified'. I directed this question at the NCDC to find out how they intended to evaluate LSE if the programme is implemented as planned. Their response was as follows:

Okay, eh... life skills being the kind of programme it is, I think it requires special care... Because with other subjects it is not a difficult to evaluate. For example, we have the national assessment, the national assessment is looking at literacy, numeracy and something else yes literacy, that alone eh... that alone can tell us may be here is a problem with numeracy at this level. So this is a big challenge again, on how we are going to evaluate life skills because there is no way we can make learners sit down and write it with pen and paper. Eh...I honestly don't know what will happen. The decision lies solely with the ministry of education and Ecol (examination council of Lesotho).

It is evident from these reports that monitoring has not been part of the curriculum development (Kirby et al., 2006 and Visser-Valfrey 2008). We have learned in chapter that there was no assessment policy designed for Life Skills Education as a stand alone subject. This could have been one other reason why there were no specifications with regarding the monitoring of the programme during the implementation.

6.2.6 THE ROLE OF PRINCIPALS AND SCHOOL BOARDS

Administratively, the schools in Lesotho operate within school boards. These are administrative bodies within the School. A school board is comprised of the school principal as the secretary, the school proprietors [these are school managers] and a representation of parents (see Chapter 1). Principals are supposed to represent the interest of the school board in their interaction with the teachers within the school environment. School boards have some degree of control in the adoption of programmes within the school curriculum. For this reason, I inquired about the kind of support teachers got from their immediate supervisors, the school principals or school boards.

In their reports, two out of five teachers indicated that they expected support from the school principal with regard to their workloads and to fitting in new subjects into the timetable. For example, one teacher reported:

Even the principals have not said anything up to this far. In our school that [Life Skills curriculum] is not taking place...it is not on the time table, and it is not anywhere.

Another teacher reported that he expected that perhaps the school administration would cut down on their teaching loads so as to fit in the additional subject. Conversely, the school administration was not ready to that:

it did not seem like our administration at any situation had a willingness to cut anything down [adjusting teachers' loads].

These reports confirm the findings of other researchers (Huberman and Miles 1984; Crandall 1989 and Goodman et al 1992) that although teachers have the control of what goes into the classroom, the decisions to adopt an innovative programme are often made by the school board (Rohrbach et al 2005; 515). However, in some cases, because of lack of commitment from school administration in some pilot schools, teachers used either their lunch or study hours to teach Life Skills Education.

The lack of commitment on the part of the school administration led to uneven distribution of benefits among the learners. For example, one teacher reported:

From our school, two teachers attended the workshop...and in the second one at TY, eh, one teacher attended...the three of us, we are not attending [teaching] all the classes in the junior section, there are classes which we do not teach all of us. So that means those classes they don't get the knowledge we share with other classes...

In Chapter 1, we learnt that a certain percentage of the schools in Lesotho are owned by the churches while the other percentage is government owned. This is the reason why some participants' reports specified government schools. For example, a principal from one of the pilot schools reported that the gap was not only among learners [young people] but also, between the pilot schools [meaning government and church owned]:

We were told that all the government schools are going to be forced to teach life skills education

In general, there seemed to be a quite a rapid dissipation of ownership and leadership around LSE. MOET and foreign donors very high up were pushing for it, but it seems that almost as soon as the directive left their offices, it feel flat, without anyone to push for it and no systems to make sure it happened.

6.3 Teachers Readiness and Motivation

Although some principals showed interest in having the new subject taught, they lacked expertise to guide their teachers. From their reports, some teachers felt inadequate to teach the new subject even after the workshop. They indicated this by words like *"I got nothing, I find it not easy..... and ... I never thought I would teach it in such a manner... I think need I need more[training] in that.* One teacher reported:

I can say immediately after the workshop I did not teach anything, for that matter everything has just escaped my mind (interviewee laughs). Eh...the situation now is...(interviewee laughs) now in simple terms... I seem to have forgotten everything. When somebody talks about Life Skills (laughs), it just like somebody is talking about something new altogether.

After the workshop, one of these three teachers had a mentorship on LSE in his school. However, that did not change the situation:

there were some American and Canadian volunteers who came to our school... they took part because they seemed to have learnt [about]...Life Skills in their country...they did well. But since I was busy on my teaching subjects English language and Literature mainly... ..I did not actually take a special hit to it. For that matter they preceded with their work.

On the contrary, two teachers and a principal showed a positive reaction towards the workshop.

A principal remarked

The training in my opinion was fine. It's only that... at times people when they are... doing something new they feel a little bit uncomfortable.

However, another teacher contested and said:

we were taken to be like the same... we were just given the general information about Life Skills programme [Education] and from there... it would depend on individual teacher how that would be implemented...I think that was really problematic'

These reports reflect the inadequacies associated with crash course training. Similar findings were reported in South Africa during the introduction of OBE curriculum. Teachers reported that training lacked practical dimensions and the timing for work was too short (Conco 2004). The reports also confirm the argument put forth by Conco that among other factors, a teacher gets motivated by the in-service training if the training relates somehow to the background knowledge on the course or other related course (Conco 2004). It is therefore not, surprising that LSE was received with mixed feelings by the teachers.

Another important point is that the tradition in education is that a subject is valued on the basis of whether it is examinable or not. LSE is not examinable. Therefore it had a low status and was made non-examinable. This greatly reduced expectations and interest in a subject among educators. There was thus little motivation amongst some teachers and students for this subject:

I was busy on my teaching subjects, English language and Literature mainly because I had to focus more on it because it is examinable.

These reports confirm that programmes that require the same instructional strategies as the ones teachers already use are more easily adopted (Rohrbach et al., 2005). One of the officials in MOET made a statement that traditionally education had put a high premium on

the pass rate. One of the challenges with Life Skills Education is that we have to change the mind set of teachers from an emphasis on pass rates to behaviour change.

Regardless of all the challenges, participants expressed a high value for LSE:

This is the area which we feel we have to work hard on, because they are the future of the country and if they are not equipped with appropriate life skills we are all in danger.

6.4 Review of main findings and conclusion

Following the orientation workshop participants expected some form of support from the MOET in order to teach the new subject (LSE). The support expected was in form of classroom supervision, and follow up particularly on issues like timetabling. However that never took place though the MOET did promised to do so. This experience confirm the argument that formal education does not prepared teachers on preventive education. However, more often than not teachers are expected to struggle translating LSE material in a classroom context without the support from the ministries of education (Ahmed et al., 2006 Kiragu 2007). This phenomenon gets interpreted in a number of ways by researcher. Some hypothesised that LSE is considered a simply subject (Ahmed et al., 2006). On the basis of this hypothesis perhaps that is why it is often ignored as serious subject. Other opinions go to say that because of their professional background, teachers are expected to do well even in preventive education yet their education lacks this component (Kiragu 2007)

The participants reported they expected the MOET to inform them about how the new subject will be evaluated. This lack of evaluation standards were interpreted by the teachers as though the subject is not as serious as they thought. In Kenya the same experience was reported (Kiragu 2007).

At the beginning of this chapter the MOET claims the teaching materials were sufficiently supplied to all pilot schools, and yet on the other hand some participants reported lack of teaching materials. This brings a contraction between what teachers said and what the MOET reported. There are two issues that can be learnt here. Firstly, the majority of those who complaint about lack of teaching materials had no background on other subjects related to LSE such as counselling and psychology. Secondly, teachers' complaint that they did not benefit from the workshop as the information was too much, given within a short space of time without any practical dimension. It may have been very changing for them to try understanding the concept and imparting the factual content in the classroom context. Perhaps they felt like they needed something to simplify what was contained in the teachers' guides. Like one principals said that videos would assist in clarifying some issues pertaining to the subject. This analysis suggests that what teachers experience in a classroom situation supersedes what education officers may imagine they know about the challenges of teaching in a classroom.

Teachers valued LSE. They also expected support from their own school administration to perhaps adjust their workloads in order to accommodate the new subject. But in about 90% Of the schools teachers struggled to teach the subject at their own spare time like lunch time. This may suggest that the project got poor reception in schools except a few. Perhaps the reason could be that the MOET failed to solicit the support of these stakeholders (see chapter five). Lastly teachers expressed their need for continue workshops to complement the orientation workshop.

In conclusion, there seem to be a pattern of common issues in chapter five and six, for example lack of teaching materials and lack of training. In chapter involves the planning stage of the curriculum, while chapter six specifically listens more closely to the teachers and principals during the implementation phase.

University Of Cape Town

CHAPTER 7: COMMUNITY REACTIONS TO LSE

7.1 Introduction

The aim of this chapter is to give an overview of community responses to the inclusion of LSE in the school curriculum. The main research participants were parents. Some of these parents were members of the school boards in some pilot schools. Others had children in the pilot schools. Also included are data from interviews with the Christian Council representing churches in Lesotho. In the introductory chapter of this thesis, we were introduced to the fact that about 90% of schools in Lesotho are owned by the churches and as such, churches form part of the main stakeholders in the education system in Lesotho (MOET 1982 and Mturi and Hennink 2005). We also learnt in the methodology chapter that before the government's initiative to introduce LSE into the school curriculum, there were some organisations and associations that ran this programme in the schools. They represented a source of experience in running LSE programmes from which to learn and make recommendations for adapting the present programme to local cultural and social contexts (Akoulouze et al., 2001). There are two main sections that form the core of the discussion: community knowledge and opinion about youth sexual health and community/NGO/school engagement in LSE development.

7.2 Community Knowledge and Opinion about Youth Sexual Health

7.2.1 YOUTH SEXUAL HEALTH AND BEHAVIOUR IN GENERAL

Parents form the immediate environment for a child's development. Thus, parents are key agents in socialisation including in schools. For this reason, parents form an integral part of every school system (Taba 1962). To initiate the discussion, participants were briefly informed of the government's plan to deliver LSE in the school curriculum as a way of curbing HIV/AIDS infections amongst the youth. A total of six participants were interviewed. Five of them were parents and the sixth participant was a member of the CCL representing the churches in Lesotho.

By their initial reactions, it was clear that parents were aware that young people engage in sexual relationships. Many were also aware of the power relations that complicate the process of negotiating condom use. Parents affirmed that in most cases the girls tended to lose the battle:

Oh! Our children have crossed the boundaries [they lack self-control]. We know, they do engage in sexual relationships, either with or without those condoms of theirs. But it looks like there are times when they fail even to use those condoms. Or maybe there are times when the man refuses to use a condom.

Furthermore, parents acknowledge a gap between what they know and what the young people themselves do and know. To clarify this knowledge gap, one parent said:

They know things that we were never exposed to during our days... things that we began to know about we were already in marriage...

In their reports, parents indicated that money, use of drugs and low self esteem seem to be the driving forces behind loss of self control among the youth. And this loss of self-control, they said, put young people at risk of HIV/AIDS infection. A respondent from the CCL also

reported that there are myths young people hold on to which make them fall prey of premarital sex. For example, young people understand sex as the only way to show love to someone they are in a relationship with.

Parents are clearly aware young people do engage in sexual relationships. And while young people seem to know some things about sex, they perhaps lack knowledge about risks for HIV infection and the pressures that put young people at the centre of HIV/AIDS pandemic (Zwicker et al., 2004 and Levack 2006 ; Dunkle and Jewkes 2007). Parents therefore feel that young people need more and reliable information on sexuality.

7.2.2 PARENTS' AWARENESS OF LSE IN THE CURRICULUM

In Chapter 1, we highlighted the fact that most schools in Lesotho include school boards as part of the school administration. School boards are a channel through which parents get informed and participate in school activities and programmes. Although the composition of these school boards varies, it is typically comprised of the principal as the secretary of the school board, teachers, the school management [often known as school proprietors], parents, and some prominent members of the community [i.e. the chief].

In their responses, two parents indicated they are aware of such a programme in the school curriculum. One of the two parents was a chief in a particular village in the Berea district and also a chairman of the school board in one pilot school. This is was the chief's response:

We have heard of this new subject as the school committee ...although we did not have a full understanding of what it is all about. But then what we have done as a committee is to hire a teacher who teaches that subject only. I believe that is an indication that we have accepted this subject and we find it as important as other subjects.

Another parent heard of the new subject from her child who attends school in one of the pilot post-primary schools in Maseru District. The other three parents did not have children in the pilot school and were not aware of such a subject.

Firstly, the reports illuminate the role of the head teacher in facilitating the adoption of school innovations through the school boards. Furthermore, a positive role school boards play towards the reception and possible sustainability of these school innovations has been reflected in these reports. The reports echo an argument the put forth by Huberman and Miles that the decision to adapt an innovative programme lies upon the decision of the school boards more than teachers themselves (Huberman and Miles (1984) in Rohrbach et al (2005: 515).

At the time this study was conducted the project was in pilot stage. It is not surprising therefore that the other three parents who didn't have children in the pilot school had never heard of it.

As we highlighted in the Chapter 1, about 90% of schools are owned by churches (Mturi and Hennink 2005) and the term school proprietors often refers to heads of churches. A representative from the Christian Council of Lesotho confessed that the office was not aware of such a new subject in the curriculum:

I am not aware there is such a programme in the school curriculum.
Nonetheless, as churches we have entrusted the responsibility on

educational matters to our teachers and the Ministry of Education and Training. We trust that our Ministry of Education and Training has the capacity to deal with such issue of education unless we are asked to assist in some way, and, we are ready to do that...but if not we trust things are still under control.

7.2.3 OPINIONS TOWARDS LSE CURRICULUM

Regarding opinions the new subject in the curriculum one out of the five parents felt that the subject would teach young people to engage in premarital sex. The other four parents were in total support for the inclusion of LSE in the school curriculum. They also expressed their desire for more governmental support in interventions aimed at protecting young people against HIV/AIDS. One parent said:

...in my opinion, I think we have to invest more in teaching these children about this disease... the message on HIV/AIDS prevention should be part of the general education system. I want to believe these will be helpful in preserving our nation and our young people who are the future of our country.

To validate his argument, the participant related his experience and observation in his home village that young people seem to be dying more than the elderly. He again hypothesised that even though they do not know the cause of death, but on the basis of the behaviour of young people, the most probable killer disease amongst young people is HIV/AIDS:

I see it's [HIV/AIDS] deadly impact on children or young people...we often bury very, very young people now and then...even though we do not know the HIV status of each young person who dies, but we believe it is this disease, particularly when we see how young people behave these days.

Also, two more parents commended the government for taking the initiative introducing LSE in the school curriculum. For example one parents said:

I find it important and it is good that there is such a subject in the curriculum...some of our children fall into a trap of rape because they are easily cheated. Then it is only if they can acquire the skills that they can be to stand for themselves. Say may be a child is being coerced into sex.... a child will grow the bravery of saying I am going to tell my mother what this man is asking me do, unlike a child whom is not exposed to such education, who tends to keep things, painful things to herself or himself in the name of respect. I still say those that are exposed to this education will be able to make decisions, they believe in themselves and know what they stand for in life. They are able to resist even the peer pressure

The CCL representative also indicated that the churches are in support of HIV/AIDS prevention initiatives such as LSE.

A minority of the reports shared a criticism that sexuality education decreases the age of sexual debut amongst young people. Similar findings were reported by Mturi and Hennink (2005) in their study on perceptions about sexuality education in Lesotho. However, evidence have shown that this is not the case (Jemmott and Jemmott 2000 and James- Traore 2004; Kirby 2001).

The majority of the participants, though, reported a generally positive attitude towards LSE despite cultural norms that might work against education in sexuality. It was also clear that parents look up to teachers and the government for leadership and support in this programme. This willingness to support LSE was primarily driven by a concern with the HIV/AIDS epidemic, the impact of HIV/AIDS on to individual participant or family, and, the apparent failure of other social or government efforts to curb its spread.

7.2.4 SCOPE AND CONTENT OF LSE CURRICULUM

History has taught us that because of the sensitivity of the subject matter addressed in LSE, this subject has had various labels (see chapter one) for it to be culturally acceptable including in Lesotho. In Chapter 1 of this thesis we also learnt of the influence of the Christian missionaries in Lesotho. Given this background, the involvement of parents and churches seemingly would have been of primary importance in designing the content of this subject. During interviews participants held different opinions regarding the scope of the HIV prevention messages a curriculum should address. For example, three out of five strongly proposed that the curriculum should address all aspects of prevention including condom use:

It is fine to preach abstinence messages where applicable, but I would also advocate that, let these children be exposed to other means of prevention too [condom use]. As for abstinence only messages, we can already foresee on the basis of the behaviour of our children, that it may not work.

For some parents it was hard to propose precisely what the curriculum should cover. For example, one parent reported:

Hei! What a difficult question. It is not easy to say because; you know it as Basotho children we were not socialized into speaking about sex so openly.

Some parents remarked that any preventive message other than abstinence may be interpreted as though parents are permitting young people to engage in sexual relationships:

One thing that the subject of Life Skills should emphasis is that, sex is not meant for the unmarried people ... They should learn to have self control and wait till they marry.

A similar question was also addressed to the CCL regarding the scope of HIV/AIDS messages in the curriculum. The CCL reported that perhaps one such message could be that a child should know themselves [i.e. to understand how his/her body functions]. He maintained that all these things should be done in line with the gospel message. He also confessed that the church advocates for abstinence messages rather than resorting to other prevention strategies. He said:

[The] Bible talks clearly and beautifully about sex and sexuality. The message on sex and sexuality for the young people is right in the Bible. When I say the young person should learn about his/her body, I mean he/ she should know his body parts which are the parts of the temple of God. He/she must care for them. Thus the spiritual teachings will help emphasize this message. For every part that God has given him/her. It be what defines his maleness, should be

jealously guarded and cared for, for the glory of God. In the same way, even for the girls they should learn not to expose their private parts to diseases. This has been clearly emphasized in the Bible.

There were a range of feelings about the LSE content but all parents maintained that young people should be well informed about sex and sexuality for their own protection against HIV/AIDS. It was evident from these reports that young people do not abstain from sex. However, there were fears that messages on safe sex would encourage young people to be promiscuous. Parents expressed a need to support LSE, but on the other hand, they felt incapacitated by their culture and moral values to speak openly about HIV/AIDS preventive message.

Other issues which participants suggested that the curriculum addresses included other social pressures which heighten the prevalence of HIV/AIDS such as the use of drugs, the love for money [exchanging of gifts for sexual favours], ignorance, low self esteem, lack of self control and peer pressure to experiment with what they see in the media.

In reference to the methods of teaching, one of the parents proposed that the language used in designing and teaching LSE curriculum should be selective and very mild. This point was also supported by LPPA [Lesotho Planned Parenthood Association]. Other studies elsewhere have shown that teachers often face a challenge in handling sexuality education in that they do not find the right words/terminology for sex or sexual organs (Baxen 2006; Mbananga 2004 and Kiragu 2007).

While parents felt the need for better education on sexuality, it is also important to include young people in the design of programmes that address sexuality. In her review, Hartmann (2002) has shown that young people do have opinions regarding what they would like sexuality education to address. Although this did not come clearly in the interviews, but among other omissions young people were neither involved nor consulted regard to the content of LSE curriculum. This probably resulted from the rush and the pressure under which the curriculum was developed.

7.2.5 SUPPORT PARENTS WISH TO GIVE TO SUSTAINING LSE

All five parents committed themselves to partner with government to bring change and sustain the LSE programme:

I strongly believe that if they [young people] could be taught at school and at home, it will dawn in their minds that indeed HIV/AIDS exists. [they would think to themselves] if it were only my mum or my dad who talk about this, I would think it is just a fairy tale, but now even my teachers at school do talk about it.

Similarly, the CCL further reported on some workshops held outside the school environment which the churches are already engaged in. These workshops target men and aim at instilling a sense of responsibility towards their families and children, especially the girl child.

The overall picture from these reports is that all five participants except one were in support of LSE. They see the value of LSE in changing the perspective of young people regarding their sexual behaviour, particularly HIV/AIDS prevention. Nonetheless, variations were observed regarding LSE curriculum content. Of the five participants, three felt that the curriculum

should address the sexual development of the learners. On the other hand, two participants felt the curriculum should squarely address abstinence only

Participants also argued that the curriculum should equip young to understand how their body functions, so that young people may understand that challenges of growing up and be prepared to face them successfully. For these participants, the curriculum content should be designed in reference to the Biblical messages on self control. This echoes the experience Zimbabwe had in developing LSE teaching materials (O'Donogue 2002).

The participants further proposed that the curriculum content should equip learners with the knowledge of factors that heighten their vulnerability to HIV/AIDS infections such as: use of drugs, exchanging of gifts for sexual favours, low self esteem, lack self control, communication, peer pressure and the influence of the media on their sexual attitudes.

Like with other studies parents look up to teacher as primary facilitators in teaching LSE (Karigu 2007). In their perspective parents understand teachers as better prepared and informed to handle the subject matter in LSE (Mturi and Hennink 2005 and Kiragu 2007)

However, parents proposed a joint venture between themselves and teachers in support of LSE. They see themselves helping with assignments and by giving clarity where young people may have questions regarding issues addressed in the curriculum. The Interviews also indicated that support, integration and participation were key elements in the LSE curriculum if it was to have a chance at addressing the epidemic.

7.3 Community/Ngo/School Engagements Around LSE

Some associations and NGOs were also interviewed in an effort to better understand community/NGO/school engagement around LSE. The main aim was to learn from their experiences about how the present programme could be strengthened. We consulted with the Lesotho Planned Parenthood Association, the Scripture Union and the Lesotho Red Cross.

For these NGOs, HIV/AIDS was clearly the driving force behind their support for their initiatives to teach LSE in schools. Lesotho Planned Parenthood Association ran the project called management of un-safe sex among the youth which was initiated in 2002 and was still running at the time of data collection. The Scripture Union focused on self esteem and myths young people hold which make them the prey of premarital sex. The programme ran for two years. The tagged districts were: Mokhotlong, Thaba-Tseka Mafeteng, Mhales' Hoek and Butha-butha districts. Lastly, Red Cross covered aspects like decision making, conflict management at the primary level. At post primary level, the emphasis was on reproductive health issues.

To access the schools, these associations liaise with responsible education officers within the MOET. Each organisation approached the content differently based on the need as there was no formal curriculum. Key content included reproductive health and sexuality, life skills such communication, decision making and conflict management, and rights and responsibilities of young people regarding the control of HIV/AIDS. Also, to win the support of stakeholders, the NGOs used different strategies. One participant from LPPA reported that:

We used a problem approach, where we visited the communities and discuss of the issues that arise within each community regarding young people. So they [the community] reported of a good number of children who have dropped out

of school because of teenage pregnancy for example ... therefore this was a concern to them as a community. We also visited the youth associations or clubs and the reported high incidences of Sexually Transmitted Diseases (STDs) among the youth. Then we said yes this is what we are trying to address as LPPA not to teach children to use contraceptive, no,... what we want them[young people] to know is their body and to understand their development and the challenges associated with such..

Another approach used by the LPPA was a cultural metaphor: the *thakaneng* concept. The LPPA reported they used this cultural metaphor to win the support of the community towards LSE. Traditionally, Basotho used *thakaneng* to refer to the informal approach where young people were taught to appreciate themselves and get ready for the challenges of growing up. This was led by one identified adult both male for boys and a female for girls. So, the LPPA convinced the parents that because of Westernisation, this important family structure has disintegrated. People now live in towns and programmes such as *thakaneng* are no more. Thus, young people are left without guidance and support. For this reason, LSE fills in the gap created by this historical process. This seemed to make sense to communities. For example, this is how LPPA puts it:

We communicated to parents that LPPA is trying to bridge the gap that *thakaneng* has been created by the fact that these days there are no programmes like *thakaneng* in our communities. We no longer stay in villages where such things used to be practiced. We part with our children at a very tender age leaving them without guidance. Yet, each one of us still feel like someone somewhere could bridge that gap [and teach these young people about sex and sexuality].

Another association, the Scripture Union, used community involvement where men and women from the community were gathered together and explored ways that may facilitate a smooth understanding between parents and young people. For instance, some children indicated that, they end up engaging in things like premarital sex because parents do not respect them at all. An example was given of one student who stayed with her aunt, an aunt who often gets visited by different men who spend the night with her. In such instances, parents understood that they too may somehow contribute towards the perception of risk young people may develop towards casual sex and HIV/AIDS.

In all these associations, teachers were the key mediators in winning the support of parents and communities. In order to facilitate this mediation, teachers were trained on LSE themselves with a hope that once they understood the concept of LSE, they might change their way of thinking and how they relate with young people. Reporting on these workshops, one participant from the Scripture Union reported that the trainings were structured as follows:

The initial training was scheduled for a week on a continuous basis. We also planned sessions on weekends. The main purpose of these weekend training sessions was for feedback purposes from teachers and from our training so that adjust to meet their needs concurrently as they implement life skills education in schools

Reporting other lessons learnt from their experiences, some of the NGOs were concerned about the use of the language in teaching LSE. According to the LPPA:

the medium of communication, the language [terminology] we use must be carefully selected (careful selection of the terminology)...Like in the case of Sesotho and English language... expressions used to refer to sexual organs are very light in English language whereas, Sesotho expressions are very deep [sounds vulgar]. Where there is discomfort, we should modify the language as light as possible.

Drawing from this experience, the LPPA supported the argument put forth by one of the parents in the earlier section of this chapter that the use of language must be properly selected and said:

...[a point to note is that] each and every area has its own terminology or language. For example, somebody from Maseru cannot just go and present on these issue to Mokhotlong people without first learning the language that is acceptable to those people. [For instance in Mokhotlong among a certain group of primary pupils, the difference between girls and boys was that 'girls have the kingdom (referring to a female genital organ) while boys have boteng' (unlike the kingdom, there is no English translation for Boteng, however, that refers to a male sex organ).

On the surface there seem to be one language which binds us as Basotho. However, the findings on this study indicate that this may be a serious oversight in the context of education. The geographical boundaries within the country seem to have a bearing in the use of language from one area to another and this suggests that local participation/involvement in the LSE programme really needs to be authentically local. This may be an important issue to address and should have been included during the training manual for teachers on LSE

LPPA and Scripture Union reported that they were represented at the onset of the planning stage although they somehow lost track, of the process in the subsequent phases of curriculum development. However, these associations maintained that they were ready to assist in whichever way the MOET may wish to have their contributions. Although the reasons for this lost track were not explicitly given. On the basis of the responses from the interview, one may conclude that perhaps different perspectives between MOET and the Ministry of Health and Social Welfare regarding the point of emphasise towards HIV prevention message could have been the reason for these other associations to have been left out at some stage.

These reports provide an insight into the local experiences with regard to the development and implementation of what would be required for a successful LSE programme. The reports suggest that for a programme to be successful there should be a good 'fit' between a new programme and local needs. These interviews support arguments that for school programmes to work best, they must be part of a larger community context (Kirby et al. 2006; Akoulouze et al. 2001; Dari and Campbell 2004; Paulussen et al. 2005 and Mathews et al. 2006).

7.4 Summary

In conclusion, the findings of chapter highlights the need to involved communities in the development and implementation of LSE, and, really to see the school, community and families as all having important stakes and roles in the LSE programme. Parents are aware young people do engage in sexual relationships. Of concern was lack knowledge about risks for HIV infection and the pressures that put young people at the centre of HIV/AIDS pandemic. Parents therefore feel that young people need more and reliable information on sexuality.

While the minority of the parents felt that the subject would teach young people to engage in premarital sex. The majority of the participants were in total support for the inclusion of LSE in

the school curriculum. They also expressed their desire for more governmental support in interventions aimed at protecting young people against HIV/AIDS. Finally, parents are ready to partner with the teachers in support for LSE in schools. The chapter concludes with best practical learnt from the context of Lesotho specific to LSE. These lessons may be used to strengthen this initiative by the MOET.

University Of Cape Town

CHAPTER EIGHT: DISCUSSION AND CONCLUSIONS

8.1 Introduction

This chapter presents an integrated discussion of the study findings. This synthesis is organised around some of the best practices guidelines for an effective curriculum-based sexuality/HIVAIDS programme (Kirby et. al., 2006 and Gallant and Maticka-Tyndale, 2004) as outlined in Chapter 2. The first heading, "Curriculum Development" covers the following aspects; consultation, needs assessments, logical model, research, community values and local resources. The second section "Curriculum Content" focuses on the goals and objectives, activities and teaching methods. Finally, the third section, "Curriculum Implementation", presents an analysis of the support from relevant authorities and stakeholders, selection, training, monitoring, supervision, evaluation and support of educators and implementation reasonable fidelity.

The study set out to examine stakeholders' perceptions of factors influencing the adoption, development and implementation of Life Skills Education in post-primary pilot schools in Lesotho. The main objectives of this study were:

- To explore stakeholders' perceptions of factors influencing the adoption, development and implementation of Life Skills Education in post-primary pilot schools in Lesotho.
- To analyze the role and impact of the broader political, social, cultural and economic environment in which Life Skills Education is adopted, developed and implemented in post-primary pilot schools in Lesotho.

A further goal of the study was to recommend to the Ministry of Education and Training strategies for strengthening Life Skills Education programmes in post-primary schools in Lesotho. These recommendations are set out at the end of this chapter. A final section examines some of the limitations of the study.

8.2 Curriculum Development

8.2.1 CONSULTATION

Kirby et al., have argued that a successful programme development begins with a consultative forum of stakeholders with different in areas in the design of the curriculum (Kirby et al., 2006). It was evident in the reports that the designers had background knowledge of theories on curriculum design and instructional methods but, they lacked expertise on Life Skills Education. As a result, two consultants were employed to guide the process. Despite the effort, the take-up of the programme still faced some challenges. Life Skills Education is a new area in education. Six months was too short a time for the staff in the MOET to understand the concept and successfully adopt it. Hence, teachers, principals and district education officers were not involved in the planning of this programme. This may suggest that the project was adapted with limited expertise in the MOET. The NCDC also faced a challenge in winning the support of other policymakers within the MOET and in the schools for a successful implementation of the new curriculum.

8.2.2 NEEDS ASSESSMENTS

Kirby and others argued that the needs of the young should guide the development of an effective school based sex and HIV prevention programmes (Kirby et al 2006). The reports reveal that the general crisis of HIV/AIDS in the country motivated the development of Life Skills Education but that little attention was paid to the specific sexual health concerns of young people. This is likely to have weakened the effectiveness of the programme.

8.2.3 USE OF LOGIC MODEL APPROACH TO DEVELOP THE CURRICULUM

Consistent with the recommendation by Kirby et al., (2006), the MOET used a thematic model in developing Life Skills Education curriculum. However, because of the rush, there were no proper negotiations around the model. As a result, some members in the senior management MOET did not engage with the model and some modifications were made which ended up affecting the integration and the layout of the curriculum. This brought tension between the MOET, sponsors and consultants with regard the content of the curriculum.

8.2.4 EVIDENCE-BASED DEVELOPMENT

Evidence shows that successful programmes are based on empirical evidence to further refine decision-making in the curriculum development process (Kirby et al., 2006). Kirby and associates do not specify the minimum time for piloting. The MOET took a period of a year to pilot the project. This time duration is consistent with what other researchers have proposed (a minimum of one to two years to allow reliable modifications for adoption) (Gallant and Maticka-Tyndale and 2004). The challenge here is that the review (Visser-Valfrey 2008) was done after the piloting. Thus, there's a high probability that this exercise might have not benefited the project implementation much. However, Visser's recommendations might have been used to improve the project dissemination plan.

8.2.5 CONSISTENCY WITH COMMUNITY VALUES AND LOCAL RESOURCES (STAFF TIME, SKILLS, FACILITIES AND SUPPLIES)

Studies have shown that a situational analysis is prerequisite in planning a sustainable educational curriculum consistent with the local resources and culture (Kirby et al., 2006 and Gallant and Maticka-Tyndale 2004). In developing Life Skills Education, the MOET did not undertake a situational analysis. As result, the existing teachers' loads, their knowledge and skills and how the new subject would fit into the timetable were not taken into consideration. At the time of piloting, materials were not yet ready. This was inconsistent with the contention by Gallant et al that these factors be taken into consideration when planning HIV prevention projects in low resource settings such as Lesotho (Gallant and Maticka-Tyndale 2004). The pressure under which the project was developed seems to be the probable reason why these omissions were made.

In addition, LSE deals with sensitive issues of sex and sexuality which often bring about fears in communities with conservative values like Lesotho. It was imperative for the MOET to have had greater consultation with the outside education sector as well as with parents and churches on areas of concern. For instance, the MOET had to convince the churches (these are the school proprietors) as to how the subject matter in Life Skills would comply with the Christian ethic in their schools. Parents are indirect beneficiaries in curriculum, thus their input with regard to the scope of the curriculum content would highly benefit the project in the long run. As Gallant and Maticka-Tyndale (2004) suggested, community representation

strengthens the commitment and the support communities give to the project. In all of these areas, the curriculum development process appears to have been insufficient.

8.3 Curriculum Content: Goals and Objectives

8.3.1 NARROWING THE FOCUS

Studies have shown that effective programmes had narrowed their focus to either prevention of HIV and or other sexually transmitted infections (STIs), or unintended pregnancy (Kirby et al., 2006 and Gallant and Maticka-Tyndale 2004). Life Skills Education curriculum focuses on a wider range social issues facing young people. These include environmental degradation and population growth, stress and anxiety, violence, poverty, drug and substance abuse, lack of safety and security, gender, unemployment, identity human rights and responsibilities, teenage pregnancy and HIV/AIDS.

This study focuses on a component of this curriculum, reproductive health. The interviews with some members of the staff in the MOET revealed that the programme narrowly targeted HIV/AIDS prevention with an emphasis on abstinence. The curriculum though has little emphasis on broader issues of sexuality such as being in love. And other broader issues such as gender appear as isolated topics in the curriculum without integration and relevance to HIV/AIDS. This inconsistency was reported and observed by two key participants in the study.

Kirby et al., (2006) Gallant and Maticka-Tyndale (2004) advise that effective school-based HIV prevention programme considers the youth's culture, developmental age and sexual experience. Life Skills Education targeted the youth at the primary level of education to secondary level (i.e. grade 8-10). For both levels, the emphasis is on abstinence as a preventive strategy for HIV/AIDS. In their review, Gallant and Maticka-Tyndale (2004) have reported a change in sexual behaviour in programmes targeting the younger youth than older youth. This may suggest that abstinence approach in LSE would more likely effect a positive change in the sexual behaviour among younger youth in the primary level than it would with the older youth in post primary education level. .

8.3.2 ACTIVITIES AND TEACHING METHODS

Kirby et al advise that effective sexuality education school-based programmes use multiple teaching strategies (Kirby et al., 2006). From the interviews, teachers did not use interactive learning methods in Life Skills Education. And on the basis of their reports, the probable reason would be that the training did not expose them enough to the use of interactive learning methods. There was also no emphasis on factual information on HIV/AIDS, common myths about HIV/AIDS testing, and treatment of HIV/AIDS. Also In addition, the curriculum does not explicitly detail socio-economic, cultural and personal factors, values and norms which heighten the risk to HIV/AIDS infections. This information would help learners to confront and assess these risky situations, thus make informed choices regarding their sexual health.

8.4 Curriculum Implementation and Evaluation

8.4.1 SECURING MINIMAL SUPPORT FROM APPROPRIATE AUTHORITIES AND STAKEHOLDERS

The project had strong support from the Lesotho government. This suggested more chances for it to have been a success. Nonetheless, omissions were made that weakened the support from other authorities and relevant stakeholders.

The first omission was with regard to the principals of the schools. These are gatekeepers in the school administration and liaison persons between the ministry and community through school boards on education/ curriculum matters. Secondly, omission of the district education officers who procedurally work in close contact with individuals in providing supervision and support to teachers in such schools was a problem.

Thirdly, although NGOs such as Lesotho Planned Parenthood Association (LPPA), Scripture Union and Lesotho Red Cross had experience with managing LSE programmes and would have provided rich local experience on issues of community mobilisation, their input was not solicited in the development or implementation of the project or in the training of teachers on LSE. In their study, Gallant et al have shown that because of the sensitivity of the subject matter in Life Skills Education, other successful programmes made use of personnel outside the education sector such as nurses and physicians to provide support to teachers by teaching sensitive aspects of the curriculum. This partnership could have worked in Lesotho through collaboration between the MOET and Ministry of Health and Social Welfare (MOHSW).

8.4.2 SELECTION, TRAINING, MONITORING, SUPERVISION, EVALUATION AND SUPPORT OF EDUCATORS

Kirby et al (2006) maintain that effective programmes selected educators on the basis of their interest and ability to reach young people. In this study, all five teachers reported they were randomly assigned to teach Life Skills Education without any clear selection criteria. Teachers attended orientation workshops which varied in length and also lacked practical teaching. This ambitious plan negatively affected the reception and implementation of the project in pilot schools. In addition, there was no supervision, follow-up and retraining of teachers following the orientation workshops. The curriculum also had no monitoring package, a feature considered essential for an effective school-based HIV prevention programmes (Kirby et al., 2006).

8.4.3 IMPLEMENTED CURRICULA WITH REASONABLE FIDELITY

The MOET had no specific guidelines on how the project would be implemented in terms of frequency and duration. Only one pilot school among those that I visited had the subject in the school time table. As result, in other schools, teachers used their lunch hours to teach Life Skills Education. The MOET did specify the coverage that the subject is to be taught from grade 8-10 in post-primary schools. When this subject was introduced to schools, teachers remained with existing loads plus additional new subject.

8.5 Summary

Life Skills Education remains an option for curbing the HIV/AIDS pandemic and protects young people against HIV/AIDS, with a solid research base of practice and theory. It is commendable that the MOET realize the need to reach young people with the HIV/AIDS prevention message through the school curriculum. The project development began with a consultative forum. This was a good footing for the MOET to realize the role of politics in curriculum development.

To achieve its goals, the MOET opted for abstinence approach to Life Skills Education. Perhaps this was because of the conservative culture of Basotho whereby issues of sex and sexuality are considered a taboo. While this choice is supported by the literature (Kirby et al., 2006), the curriculum lacks emphasis on factual information on HIV/AIDS, common myths about HIV/AIDS testing, and treatment of HIV/AIDS. In addition, the curriculum does not explicitly detail socio-economic, cultural and personal factors and values and norms which heighten their risk to HIV/AIDS infections, information which could help learners to confront and assess risky situations. It is also important to note that there is limited research on the abstinence-only approach from which conclusions can be drawn. Where this approach was used, it was found to work better in the younger youth with low risky sexual behaviours than the older ones (Kirby et al. 2006 and Gallant and Maticka-Tyndale 2004). And perhaps with monitoring (the feature which lacked in this curriculum) abstinence may have been successful with this programme.

Interviews with parents showed great support for the project and willingness to support teachers' through assignments. HIV/AIDS has greatly affected families. Parents are aware young do engage in premarital sex, and, are at the centre of the pandemic. This seems to have significantly changed their mindset regarding issues of sexuality. Tapping into their inputs perhaps would have assisted in solving the dilemma regarding the scope of the HIV prevention message to some extent.

Other roadblocks to this project, included lack of consensus among key stakeholders in the MOET and resources (staff time, skills, facilities and supplies). During the implementation, the curriculum had a sufficient piloting time period of one year (Gallant and Maticka-Tyndale 2004). However, lack of quality assurance [i.e. specific guidelines] on implementation may have affected the confidence in the piloting results of this curriculum. In addition there was no supervision, follow-up and retraining of teachers following the orientation workshops.

8.6 Study Limitations

A participatory and longitudinal approach would have been more appropriate to generate a deeper understanding of some issues pertaining to the adoption, planning, development and implementation of this project including teachers' training. This study was limited to a post-hoc reconstruction of the process from the point of view of those involved at the time. The fact that the study engaged with a wide range of stakeholders, however, improved the opportunities for triangulation and assessment of data quality.

It is difficult to generalize from a qualitative case study; rather, the case study design allows for a holistic interpretation of a number of different aspects of a situation and generates ideas about how to interpret similar experience in other school systems developing LSE programmes.

8.7 Recommendations to the MOET

Finally this chapter makes some recommendations to the Ministry of Education and Training for strengthening Life Skills Education programmes in post-primary schools in Lesotho:

For any sustainable programme development it is necessary that the MOET ensure full participation of all relevant stakeholders in order to facilitate the ownership and reception of education reforms at the school level.

To undertake any reform the MOET must give time long enough for advocacy and trainings of stakeholders at both the central and district levels.

An ongoing teacher' trainings, supervision and follow up are critical in improving teachers' confidence in translating Life Skills Education concepts in a classroom situation.

Give immediate priority to putting in place mechanisms for monitoring and evaluation of outcomes and effectiveness of the current HIV and AIDS prevention efforts through the Life Skills Curriculum.

Lastly, it may be important for the MOET to think of broadening teachers' education with a component of LSE offered at the institutions of higher learning like the National University Lesotho (NUL) and Lesotho College of Education (LCE).

8.8 Areas for Future Research

Teacher training remains an important aspect in a successful curriculum implementation. LSE in Lesotho is in the process of dissemination. Therefore there is a need for participatory research to understand the challenges teachers face in translating LSE concepts in the classroom. Such a study would inform the continuing training in terms of skills and knowledge teachers require most. Another participatory study would be required to understand how the elements of LSE curriculum are interrelated during teachers' training. There is also a need to carry out the evaluation of LSE programmes to determine the impact of Life Skills Education on sexual behaviour of young people who were exposed to the LSE curriculum in Lesotho compared to those outside school. This would help decision makers determine the cost of effectiveness of this programme compared to other programmes in the reduction of the incidence of HIV/AIDS among young people. In a scarcely resourced country like Lesotho, this information would greatly assist the government in the allocation of resources.

REFERENCES

- Ahmed, N., Flisher, A.J. and Jansen, S., et al., 2006. Process Evaluation of the Teacher Training for an AIDS Prevention Programme. *Health Education Research: Theory and Practice*, Published June 1, 2.
- Ajzen, I. 1991. Theory of Planned Behaviour. *Organisational Behaviour and Human Decision Process*, 50, 79-211.
- Akoulouze, R., Rugalema, G. and Khanye, V. 2001. Taking stock of Promising Approaches in HIV/AIDS and Education in Sub Saharan Africa: What Works, Why and How[On Line]: Available at <http://www.adea.org/>[2007, May 15].
- Bandura, A. 1986. *Social Foundations of Thought and Action: A Social Cognitive Theory*. New Jersey: Prentice-Hall.
- Baxen, M.J. 2006. *Analysis of Factors Shaping Teachers' Understanding of HIV/AIDS: Thesis Presented for the Design of Doctors of Philosophy*. Faculty of Humanities, University of Cape Town.
- Best Practice Briefs 2004. *School Climate and Learning.No31 December 2004*. [On Line]: Available at: www.outreach.msu.edu/bpbriefts/issues/brief31.pdf [2007, May 15].
- Berman, P. and Pauly, E.W. 1975. Federal Programmes Supporting Educational Change, Volume2, Factors Affecting Change Agent Projects. RAND, Santa Monica, CA.
- Botvin, G.J. 1995. *School-Based Drug Use Prevention*. Newbury Park Ca: Sage Publications.
- Bowden, R.G., Lanning, A.B., Pippin, G. and Tanner, J.R et al., 2003. Teachers' Attitudes towards Abstinence-Only Sex Education Curriculum. *Journal of Education*, 123.
- Burnard, P. 2004. Writing Qualitative a Research Report. *Nursing education today*. 24:174-179.
- Buston, K., Wright, D. and Hart, G., et al., 2002. Implementation of a Teacher- Delivered Sex Education Programme: Obstacles and Facilitating Factors. *Journal of Health Education*. 17:59-72.
- Carroll, C., Booth, A. and Patterson, M., et al., 2007. *Implementation Science: A Conceptual Framework for Implementation Fidelity*. [On Line] Available: <http://www.implementationscience.com> [2007, February 16].
- Chege, F. 2006. *Unlashing the Power for Change: Review and Annotated Bibliography of Life Skills Materials Used in Eastern and Southern Africa*: UNICEF Eastern and Southern African Region: United Nations' Children Fund.

- Chege, J. 2005. *Interventions Linking Gender Relations and Violence with Reproductive Health and HIV: Rationale, effective and Gaps. Agenda Special Issues.*
- Clarke, C. and Reed, J. 2006. Case Study. In Gerish and Lacey (Eds). *The Process in Nursing Research. United Kingdom: Blackwell Publishing Ltd* 302-303.
- Cohen, L., Manion, L. and Morrison, K. 2000. *Research Methods in Education.* London: Routledge/Falmer, 2000.
- Conco, Z.P. 2004. *How Effective is In-service for Teachers in Rural Context? Thesis submitted in Partial Fulfilment of the Requirement for the MPhil Education for Community Development.* University of Pretoria.
- Consensus Statement, 2007. *Achieving Universal Access to Comprehensive of Mother-To-child Transmission Services* 27, November 2007. [On line] Available http://www.unicef.org/aids/files/global_Partners_Forum_Report.pdf [2007, June 15].
- Crandall, D.P. 1989. Implementation Aspects of Dissemination. Knowledge, Creation, Diffusion, Utilization, 11,79-106.
- Creswell, J. 1998. *Qualitative Inquiry and Research Design: Choosing among Five Traditions.* Thousand Oaks, CA: Sage Publications.
- Daria, M.P. and Campbell, K. 2004. *School Need Sexuality Education Programs. Electronic Journal of Human Sexuality.* [On line] Available: <http://www.ejhs.org> [2006, November 24].
- Denzin, N.K. 1989. *The Research Act* (3rd Ed.) New York: McGraw-Hill.
- De Vos, A.s, 2002. Report Writing. In Annemie, Herman, Christia and Rina (EDs), *Research at Grass Roots: For the Social Sciences and Human Service Professionals* (2nd ed). Pretoria: Van Schaik Publishers, 353-354.
- Diekelmann, N., Allen, D., and Tanner, C. 1989. *The NLN Criteria for Appraisal of a Baccalaureate Programs: A Critical Hermeneutic Analysis.* New York: NLN Press.
- Dewey, J. 1953. *Democracy and Education: An Introduction to the Philosophy of Education.* New York: Macmillan
- Doherty, J., Gilson, L. and Lake, S., et al., 2003. The SAZA Study: Implementing Health Financing Reform in South Africa and Zambia. *Health Policy and Planning.* 18(1):31-46.
- Doherty, J. and Govender, R. 2004. Disease Control Priorities Project. Working Paper NO. 37 December: The Cost-Effectiveness of primary Care Services in Developing Countries: A Review of the International Literature. [Online]: Available: <http://www.dcp2.org/file/49/wp37.pdf> [2009, October 21].

- Dunkle, K. and Jewkes, R. 2007. Effective HIV Prevention Requires Gender Transformation Work with Men. *Sex Transformation Information*. 83: 173-74.
- Dusenburg, L., Brannigan, R., Falco, M., et al., 2003. A Review of Research on Fidelity of Implementation: Implications for Drug Abuse Prevention in School Setting. *Journal of Health Education Research*, 18: 237-256.
- Durkheim, E. 1956. Education and Sociology. Translated by Sherwood D. Fox. Glencoe, IL, Free Press.
- Durkheim, E. 1961. Moral Education. Translated by Everett K. Wilson and Herman Schnurer. New York: Free Press.
- Education Task Force Education Sector Survey 1982: The Growth and Change of Education Lesotho. Maseru Lesotho: MOET.*
- Escobar –Chaves, S.L., Tortolero, S.R. and Markham, M.C., et al. 2005. Impact of the Media on Adolescent Sexual Attitudes and Behaviour. *Paediatrics*. 116: 303-326.
- Fullan, M. and Pomfret A. 1977. Research on Curriculum and Instruction Implementation. *Review of Educational Research*, 42, 335-397.
- Flodden, R.E. 1997. 'Reforms that call for Teaching more than You Understand', in N.C. Burbles and T. D Hasen (Eds), *Teaching and Its Predicaments*. Oxford: Westview Press, 12-14
- Gallant, M. and Maticka-Tyndale, E. 2004. School-Based HIV Prevention Programmes for African Youth. *Journal of Social Sciences and Medicine*. 58: 1337-1351
- Gerrish, K. and Lacey, A. 2006. *The Research Process in Nursing 5th ed.* United Kingdom: Blackwell Publishing Ltd.
- Giorgi, A. 1985. *Phenomenology and Psychological Research*. Pittsburgh, PA: Duquesne University Press.
- Goodman, R.M., Tenney, M., Smith D.W., et al., 1992. The Adoption Process for Health Curriculum Innovation n Schools: A Case Study. *Journal of health Education*, 23, 215-220.
- Graneheim, U.H. and Lundman, B. 2004. Qualitative Content Analysis in Nursing Research: Concepts, Procedures and Measures to Achieve Trustworthiness. *Nursing Education today*. 24: 105-112.
- Greeff, M. 2002. Information Collection: Interviewing. In Annemie, Herman, Christia and Rina (EDs), *Research at Grass Roots: For the Social Sciences and Human Service Professionals* (2nd ed). Pretoria: Van Schaik Publishers, 291-320.
- Green, A. 1992. An Introduction to Health Planning in Developing Counties. Oxford: Oxford University Press.

- Greenberg, M.T, Weissberg, R. P., and Utne O'Brien, M., et al., 2003. Enhancing School-Based Prevention and Youth Development through Coordinated Social, Emotional and Academic Learning. *American Psychologist*. 58(6):466-474.
- Haralambos, M. and Holborn, M. 1991. *Sociology: Themes and Perspectives 3rd Ed.* London: Collins Education.
- Hartmann, C.M. 2002. School-Based Sexuality Education: A Review and Critical Analysis and Relevant Literature. A Research Paper for Masters Degree with Major in Counselling and Guidance. University of Wisconsin-Stout [Online] Available: <http://www.uwstout.edu/lib/thesis/2002/2002hartmann.pdf> [2006, November 18].
- Hawkins, J.D., Catalano, R.F. and Arthur, M.W. 2002. Promoting Science-Based Prevention in Communities. *Addictive behaviour*. 27:951-976.
- Henning, E. 2004. *Finding your way in Qualitative Research*. Pretoria: Van Schaik Publishers.
- Holloway, I. and Wheeler, S. 1996. *Qualitative Research for Nurses*. United Kingdom: Blackwell Publishing Ltd.
- Huberman, A.M., and Miles, M.B. 1984. *Innovation Up Close: How School Improvement Works*. Plenum, New York.
- Hunn, A. 2006 Gaining Access to the Research Site. In Gerrish and Lacy (Eds) *The Research Process in Nursing (5th ed.)*. United Kingdom: Blackwell Publishing Ltd. 138.
- Imel, S., Kerka, S., and Wonacott, M.E. 2002. Qualitative Research in Adult, Career-Technical Education. Practitioner File. Eric Clearinghouse on Adult Career and Vocational Education. [On line] Available: <http://www.ericave.org/pubs.asp> [2007, November, 18].
- James- Traore, T.A, Finger, W., and Ruland, C.D., et al., 2004. Teacher Training: Essential for School-Based Reproductive Health and HIV/AIDS Education. Focus on Sub-Saharan Africa. *Youth Issues paper 3*.
- Jemmott, J.B and Jemmott, L.S. 2000. HIV Risk Reduction Behavioural Interventions with Heterosexual Adolescents. *AIDS 14(Suppl.2)*, S40-S52.
- Kaaya, S.G., Mukoma, W. and Flisher A.J., et al., 2002. School-based Sexual Health Initiatives in Sub Sahara Africa: A Review. *Social Dynamics*, 28:64-88.
- Kachingwe, S.I., Kaponda, C.P.N., and Norr, K.M.A., et al., 2005. *Preparing Teachers as HIV/AIDS Prevention Leaders in Malawi: Evidence form Focus groups*. *International Journal of health Education*. 8:193-204.
- Katzenellenbogen, G.J. and Karim S .S. A. Eds 2005. *Epidemiology: A Manual for*

South Africa. South Africa: Oxford University Press.

Kelly, M. 2000. "The Encounter between HIV and Education", UNESCO.

Kimaryo, S. S., Okpaku, J.O. and Githuku-Shongwe, A., et al., 2004. *Turning a Crisis into an Opportunity: Strategies for Scaling up the National Response to the HIV/AIDS Pandemic in Lesotho*. New York: Third Press Publishers.

Kinsman, J., Nakiyingi, J. and Kamali, A., et al., 2001. Evaluation of a Comprehensive School-based AIDS Education Programme in Rural Masaka, Uganda. *Health Education Research: Theory and Practice*, 16(1):85-100.

Kiragu, S.W. 2007. Exploring Sexuality Education and the Burdened Teacher: A Participatory Approach in a Rural Primary School in Kenya. *Journal of Compilation@ 2007NEPCA* [2007,November 18].

Kirby, D. 2001. Emerging Answers: Research Findings on Programs to reduce Teen Pregnancy (Summary) Washington Dc: National Campaign to Prevent Teen Pregnancy.

Kirby, D. 2000. *What Does the Research Say About Sexuality. Leadership Education*, 58;72-76.

Kirby, D., Laris, B. and Rolleri, L. 2006. Impact of Sex and HIV Education Programs on Sexual Behaviour of Youth in Developing and Developed Countries. Washington, DC *Family Health international*, 1-45.

Klein, F.M. 1991. *The Politics of Curriculum Decision-Making*. State of University: New York Press.

Klepp, K.I., Ndeki, S.S., Leshabari, M.T., et al., 1997. AIDS Education in Tanzania: Promoting Reduction among Primary School Children. *American Journal of Public Health*, 87,(12); 1931-1936.

Klepp, K.I., Ndeki, S.S, Seha, A.M., 1994. AIDS Education for Primary School Children in Tanzania: An Evaluation Study. *AIDS*, 8, 1157-1162.

Krippendorff, K. 1980. Content Analysis. An Introduction to its methodology. London: Sage Publications LTD,

Krug, A.E. 1957. *Curriculum Planning: Revised edition*. Harper and Row: New York Publishers.

Kunya, I.W. 2002. *The Role of Community Participation in Soil Conservation: An Assessment of Social Forestry Project in Lesotho. Research Thesis Submitted for the Award of Masters' degree in Environmental Management. Centre for Environmental Management; University of Orange Free State Republic of South Africa*.

Lackey N.R. 1991. Qualitative Research Methodologies: An overview Part 1. *Journal of Post Anaesthetic Nursing*, 6(4);290-3.

- Landry, D.J., Singh, S. and Darroch, J.E. 2000. Sexuality Education in Fifth and Sixth Grades in U.S. Public Schools, *Family Planning Perspective*, 32(5): 212-219.
- Lesotho Bureau of Statistics 2007, Population and Housing Census. [On line] Available: <http://www.os.go.ls> [2007, February, 21]
- Lesotho Government Vision 2020. [Online]: Available: <http://www.lesotho.gov.ls/articles/Vision%202020> [2008, February, 18]
- Levack, A. 2006, Transforming *Male Gender Norms to Address the Roots of HIV/AIDS: Global link Volume 100, -November/December 2006.*
[On line]:Available: www.steppingstonesfeedback.org [2007, June 17]
- Lewis, M. 2003. Gendering AIDS: Women, Men, Empowerment, Mobilisation: VSO Sharing Skills, Changing Lives. *AIDS Agenda*
- Lincoln, Y.S. and Guba, E.G. 1985. *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.
- Makatjane, T.J. 2002. Premarital Sex and Childbearing in Lesotho. *African Population studies*,17.
- Makwiza, I., Nyirenda, L. and Goma, F. et al., 2006. Equity and Health System Strengthening ART Roll-Out: An Analysis from Literature of experiences from East and Southern Africa. *Africa. Equinet*.
- Mangrulkar, L., Whitman, CV. and Posner, C. 2001. Division of Health Promotion and Protection. Family and Population Program, adolescent Health Unit: Pan American Health Organization.
- Mathews, C., Boon, H. and Flisher, A.J. 2006. Factors Associated with Teachers Implementation of HIV/AIDS Education in Secondary schools in Cape Town. *AIDS Care*.18 (4):388-397.
- Mbananga, N. 2004. Cultural Clash in Reproductive Health in School. *Health Education*104 (3):152-62.
- McIntyre, D. 2007. Global Forum for Health Research. Helping correct the 10/90 GAP. Health Financing. Learning from Experiences: Health Care financing in low and middle-income countries. [Online]: Available: www.globalforumhealth.org [2007, October 12]
- Mihalic, S., Irwin, K. and Fagan, A., et al., 2004. *Successful Program Implementation :Lessons from Blue Prints*. [On line] Available: www.ojp.usdoj.gov/ojjdp [2007, October 15]
- Milton, J. 2001. School-Based Sexuality Education. *Primary Education*. 7 (4): 9-14.
- Ministry of Education and Training 2005. Education Sector Strategic Plan. Maseru Lesotho: MOET
Ministry of Education and Training, 2005. Population and Family Life Evaluation

- Report. Maseru Lesotho: MOET [Unpublished].*
- Ministry of Education and Training, 2005. Life Skills Framework (Draft) Maseru Lesotho: MOET [unpublished]*
- Ministry of Education and Training, 2009. Life Skills Education Dissemination Report Maseru Lesotho: MOET [unpublished]*
- Ministry of Health and Social Welfare: ANC, HIV and Syphilis Sentinel Surveillance Synopsis 2007. Maseru Lesotho: MOHSW*
- Ministry of Health and Social Welfare, 2004. Lesotho National Demographic and Health Survey. Maseru Lesotho; Bureau of Statistics MOHSW.*
- Ministry of Health and Social Welfare 2006. National Adolescents health policy Maseru Lesotho: MOHSW*
- Ministry of Education and Training (n.d) Curriculum and Assessment Framework (Draft). Maseru Lesotho: MOET[unpublished]*
- Motsoeli, N. 2008. Minister Denies HIV Campaign was a Flop. Lesotho Times: National Report. Issued on the 27th November-December 3.*
- Mturi, J.A. 2003. Parents' Attitudes to Adolescent Sexual Behaviour in Lesotho. African Journal of reproductive Health.7(2):25-33.*
- Mturi, J.A. and Hennink, M.M. 2005. Perceptions of Sex Education for Young People in Lesotho. Culture, health and Sexuality. 7(2):129-143.*
- Mumvma, T., Mujajati, C. and Mufute, B. 2005. Economic reforms: The case of Zimbabwe. Oxford: Malden MA, Blackwell Press.*
- Newell, J.N. Collins, C.D., Baral, S.C. et., 2005. Decentralisation and TB Control in Nepal: Understanding the views of TB Control Staff. Health Policy. 73(2):212-227.*
- Newman, W. L. 2000. Research Methods: Qualitative and Quantitative Approaches (4th ed). Boston: Allyn and Bacon Publishers*
- O'Donoghue, J. 2002. Zimbabwe's AIDS Action Programme for Schools. Evaluation and program Planning.25:387-396*
- Parcel, G.S., O'Hara-Tompkins, N.M., Harris, R.B et al., 1995. Diffusion of an Effective Tobacco Prevention Program. Part II: An Evaluation of the Adoption Phase. Health Education Research, 10, 297-307.*
- Patton, MQ. (2002. Qualitative Evaluation and Research Methods (3rd ed.) Thousand Oak: Sage Publications.*
- Paulssen, T., Kok, G. and Schaalma, H. 1994. Antecedents to Adoption of Classroom-Based AIDS Education in Secondary Schools. Health Education Research.9: 485-96.*

- Paulussen, T.G.W., Wiefferink, C.H. and Poelman, J., et al., 2005. Outcomes of Systematically Designed Strategy For the implementation of Sex Education in Dutch Secondary schools *Health Education Research: Theory and Practice*. 20 (3) 323-333.
- Polit, D.F. and Beck, C.T. 2006. *Essentials of Nursing Research: Methods, Appraisal and Utilization*(6th Ed.) Philadelphia: Lippincott Williams and Wilkins.
- Raphael, A. 2006. *Unlashing Power for Change: Insights and Lessons from UNICEF's Multi-Country Life Skills Initiative 2003-2006*, UNICEF Eastern and Southern Africa Region: United Nations Children's Fund.
- Renner, M and Taylor-Powell, E. 2003. Program Development and Evaluation: Analyzing Qualitative Data. [On line] available : www.socsci.uci.edu. [2008, October 12].
- Rohrbach, L.A., Ringwalt, C.L. and Ennett, S.T. 2005. Factors Associated with Adoption of Evidence –Based Substance Use Prevention Curriculum in US School District. *Health Education Research: Theory and Practice*. 20(50):514-526.
- Salia-Bao, K. 1989. Curriculum Development and African Culture. London: British Library Publications.
- Silverman, D. 2000. *Doing Qualitative Research: A Practical Handbook*. Thousand Oak: SAGE Publications.
- Shuey, D.A., Babishangire, B.B., Omiat, S., et al., 1999. Increased Sexual Abstinence among in-School Adolescents as a result School Health Education in Soroti district, Uganda. *Health Education Research*, 14(3); 411-419.
- Staff Reporter, 2008. *HIV Campaign Flops: Lesotho Times: National Report*, issued on November 27-Decemembr 3.
- Susan, P. and Allan, T. 2006. Sampling. In Gerrish and Lacey (Eds). *The Process in Nursing Research*. United Kingdom: Blackwell Publishing Ltd 190
- Struwig, F.W and Stead, G.B. 2001. *Planning Designing and Reporting Research*. South Africa: Masker Miller Longman.
- Taba, H. 1962, *Curriculum Development: Theory and Practice*. New York: Harcourt, Brace and World Inc.
- Thomas, R.M. 1997. *Moral Development Theories-Secular and Religious*. A Comprehensive Study. London: Greenwood press.
- Thomas, S. and Gilson, L. 2004. Actor Management in the Development of Health Financing Reform: health Insurance in South Africa 1994-1999.
- Ulin, P., R., Robinson, P., E., and Trolley E. 2005 *Qualitative Research in Public Health: A Field Guide for Applied Research*. USA. Jossey-Bass.
- UNAIDS, 2001, *Children and Young People in a World of AIDS: Joint United Nations*

- UNAIDS, 2006. *Report on the Global AIDS Epidemic: Executive Summary. A UNAIDS 10th Anniversary Special Edition*. [On line] available : <http://www.unaids.org/pub/Global/Report/2006> [2007, April 20]
- UNESCO, 2004. *UNESCO's Strategy for HIV/AIDS Prevention Education* <http://unesdoc.unesco.org/images/0013/001345/134572e.pdf> [2008, June 19]
- UNFPA, 2003. *State of World Population:: Making 1 billion count investing in Adolescent Health and Rights* [On line] available: <http://www.unfpa.org/swp/2003/> [2007, October 19].
- UNGASS, 2008. *Lesotho UNGASS Country Report – Status of the National Response to the 2001 Declaration of Commitment on HIV/AIDS*. UNGASS
- Unger, J.P., de Paepe, P., and Green A. 2003. A Code of best Practices for Disease Control Programmes to Avoid Damaging Health Care Services in Developing Countries. *International Journal of Planning and Management*. 18, S27-30.
- World Health Organization 1999 partners in Life Skills Education: Conclusions from A United Nations Inter-Agency Meeting. Department of Mental Health. Geneva: WHO. [On line] available: http://www.icap.org [2007, April 20]*
- Van Kaam, A. 1966. *Existential Foundations of Psychology*. Pittsburgh, PA: Duquesne University Press.
- Van Maanen, M. 1990. *Researching Lived experience. Human Science for an Action Sensitivity Pedagogy*. The University of Western Ontario, Ontario
- Varvasovszky, Z. and Brugha, R. 2000. How to do(or not to do)...A Stakeholder Analysis. *Health Policy and Planning*. 15(3):338-35.
- Visser-Valfery, M. 2008. *The Education Response and HIV and AIDS Report)– Lesotho (Draft [Unpublished]*.
- Wallace, M.J. 1998. *Action Research For language Teachers*. United Kingdom: Cambridge University Press.
- Ward, I.M. 1995. Talking About Sex: Common Themes about Sexuality in Prime-Time Television Programs Children and Adolescent View Most. *Journal of Youth and Adolescence*. 2:595-615.
- Walliman, N. and Baiche, B. 2001, *Your Research Project. A Step by Step for the First Time Researcher*. Thousand Oak: SAGE Publications.
- Wisker, G. 2001. *The Postgraduate Research Handbook: Success with your MA, MPhil, EdD and PhD*. PALGRAVE: New York.
- Yin, R. 1994. *Case study research: Design and methods* (2nd ed.). Thousand Oaks, CA:

Sage Publishing.

Yin, R. 1989. *Case study research: Design and methods* (Rev. ed.). Newbury Park, CA: Sage Publishing.

Zwicker, C., and Ringheim, K. 2004. *Commitments: Youth Reproductive Health, the World Bank, and the Millennium Development Goals*. Global Health Council. [On line] available : www.globalhealth.org [2007. April, 20].

University Of Cape Town

Appendix A1

UNIVERSITY OF CAPE TOWN



Health Sciences Faculty

Research Ethics Committee

Room E52-24 Groote Schuur Hospital Old Main Building

Observatory 7925

Telephone [021] 406 6338 • Facsimile [021] 406 6411

e-mail: preaward@unc.uct.ac.za

11 October 2007

REC REF: 305/2007

Mrs AM Chabela

C/o Dr C Matthews

Public Health & Family Medicine

Dear Mrs Chabela

PROJECT TITLE: SCHOOL-BASED AND HIV/AIDS CURRICULUM: FACTORS THAT IMPEDE OR FACILITATE TEACHERS' IMPLEMENTATION OF SEXUALITY AND HIV/AIDS EDUCATION.

Thank you for your letter to the Research Ethics Committee dated 09th October 2007.

It is a pleasure to inform you that the Ethics Committee has **noted and approved** the investigation on the reasons for the problems in the adoption of the Life Skills programme in Lesotho with reference to the above mentioned study. We also note that the interviews will be conducted with the following stakeholders:

- Officials in the Ministry of Education and Health
- The principals of the designated secondary/high school.
- Teachers-trained on Life Skills workshop from the designated secondary/high schools.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote the REC. REF in all your correspondence.

Yours sincerely

PROF M BLOCKMAN

pp CHAIRPERSON, HSF HUMAN ETHICS

Appendix A2



18 March 2008

REC REF: 305/2007

Mrs AM Chabela
C/o Dr C Matthews
Public Health & Family Medicine

Dear Mrs Chabela

PROJECT TITLE: SCHOOL-BASED AND HIV/AIDS CURRICULUM: FACTORS THAT IMPEDE OR FACILITATE TEACHERS' IMPLEMENTATION OF SEXUALITY AND HIV/AIDS EDUCATION.

Thank you for your letter to the Research Ethics Committee dated 17th March 2008.

It is a pleasure to inform you that the Ethics Committee has **granted approval** to extend your study to include parents and additional educational officials.

The English versions of the consent forms are noted and approved. The study is approved until the 11th October 2008 when we will require a progress report in order to renew our approval for a further 12 months.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Please quote the REC.REF in all your correspondence.

Yours Sincerely

PROF M BLOCKMAN
CHAIRPERSON, HSF HUMAN ETHICS

Appendix B1

REC REF: 305/2007

Date-----

Information for the participants

I am currently a registered student for Masters Degree in Public Health with the University of Cape Town. As part of the programme I have to embark on the research as part of my academic requirements.

The purpose significance of the study

The study aimed at investigating issues pertaining to the adoption and implementation of Life Skills programme in Lesotho. The information thereof is hoped to inform education planners and policy makers of ways of strengthening the capacity and efficiency of implementing Life Skills programme in secondary schools, Lesotho. Secondly it is our hope, that this study will influence among others, programmes geared towards reduction of the burden of HIV/AIDS among the youth, thus preserves the future of Lesotho as a country.

A Brief introduction of Life Skills Education Lesotho

In 2005 August the Government of Lesotho through the Ministry of Education and Training had a thought of introducing Life Skills education in the school curriculum as a way of curbing HIV/AIDS and other social challenges facing the adolescents and children in Lesotho. This programme, as we speak is in its piloting stage in few selected primary, secondary and high schools. Therefore, as key stakeholders in education system Lesotho, your views and opinions are very much important to inform the development of School-Based Life Skills education programme in Lesotho.

What to expect as a participant

A 20- 30 and 45-60 minutes interview session will be conducted between the researcher and the parents and Education Officials respectively. With your permission, a tape

recorder will be used to capture the information shared during the process of our interview. The researcher will also take notes in order to complement the recorded interviews. If you feel uncomfortable with the use of tape recorder, please feel free to indicate that, then the researcher will resort to note taking only in such situations. The interview will be in both in Sesotho (parents) and English language. These are the two official languages in Lesotho, where necessary Sesotho meanings and interviews will be used and translated into English language afterwards.

While I look forward to your highly appreciated participation in this research study, I also wish to assure you full confidentiality that you deserve. In this study your personal identities are not required. The recorded audio materials will be destroyed after completion of the study. This study has been approved by the Research Ethics Committee of the University of Cape Town. Participation in the study is completely voluntary. You have the right to withdraw from the study and that will not affect you as a person, your work or position. If you are happy with this information and you agree to participate, please append your signature the attached informed consent letter.

I would thus thank you for your co-operation in advance,

Adeline Chabela (Mrs.)

Student Number: kmnade001

School of Public Health and Family Medicine, University of Cape Town

Cell number: (0027) 730549914 or (0266) 58487543

Email address: kmnade001@uct.ac.za

For more information, please contact

The Chairperson: Professor M. Blockman
Health Sciences faculty
Research Ethics Committee
Room E52-24 Groote Schuur Hospital Old main Building
Observatory
7925

Telephone (021) 406 6338

Email: lamees.emjedi@uct.ac.za

OR

My Research Supervisor: Dr Chris Colvin.

Cell number: 0834539438 (during Working Hours)



THE KINGDOM OF LESOTHO
MINISTRY OF EDUCATION AND TRAINING

Ref: ED/X/2

16th October, 2007

Ms Adeline Chabela
University of Cape Town
The School of Public Health & Family Medicine
Faculty of Health Sciences
Anzio Road
Observatory, 7925

Dear Ms Chabela

Re: PERMISSION TO UNDERTAKE A RESEARCH STUDY

Your letter (dated 10th October, 2007) on the subject above has reference.

The Ministry of Education and Training has no objection to you conducting further interviews with NCDC officials and other identified stakeholders involved in the design and implementation of Life Skills programme. Nevertheless, we would still wish to reiterate that it remains your responsibility to seek the consent of the appropriate School Management Structures to engage their teachers as well as the identified Principals. In that case, you are once again being advised to liaise with the Chief Education Officer – Secondary, who should provide you with all the necessary guidance. It also remains with you to establish contact with the school principals of the teachers you intend interviewing for their consent.

We hope that your research will also enrich our efforts of stemming the rampant HIV and AIDS pandemic through Life Skills education. Good luck in your endeavours.

Yours faithfully


N.I. KOKOME
† **PRINCIPAL SECRETARY**



THE KINGDOM OF LESOTHO
MINISTRY OF EDUCATION AND TRAINING

Ref: ED//X/2

3rd August, 2007

Ms Adeline Chabela
University of Cape Town
The School of Public Health & Family Medicine
Faculty of Health Sciences
Anzio Road
Observatory, 7925

Dear Ms Chabela

Re: PERMISSION TO UNDERTAKE A RESEARCH STUDY

Your letter (undated) on the subject above has reference.

The Ministry of Education and Training has no objection to you conducting your research among Life Skills teachers as proposed. Nevertheless, it remains your responsibility to seek the consent of the appropriate School Management Structures to engage their teachers. In that case, you are advised to liaise with the Chief Education Officer – Secondary, who should provide you with all the necessary guidance. It also remains with you to establish contact with the school principals of the teachers you intent interviewing for their consent.

We hope that your research will also enrich our efforts of stemming the rampant HIV and AIDS pandemic through Life Skills education. Good luck in your endeavours.

Yours faithfully

N.I. KOKOME
PRINCIPAL SECRETARY

P.O. BOX 47 MASERU 100 LESOTHO

TEL: (00266) 22312849

FAX 00266 22370206

Appendix C

INTERVIEW GUIDE- TEACHERS

- A. How was Life Skills Education curriculum introduced to your school?
- B. What support did you get during the process of implementation from:
 - (1) the Ministry of Education and Training?
 - (2) your school management?
- C. As a school how did you organise and manage this new curriculum?
- D. How important do you think Life Skills Education is in the school curriculum?
- E. What factors in your opinion might be contributing to the implementation of Life Skills Education curriculum in your school?
- F. What would be your recommendations to the Ministry of Education and Training for the sustainability of Life Skills Education project and its development?

INTERVIEW GUIDE – SCHOOL PRINCIPALS

- A. How was Life Skills Education curriculum introduced to your school?
- B. What support did you get from the Ministry of Education and Training while adopting Life Skills Education curriculum?
- C. As a school, how did you organise and manage this new curriculum?
- D. How important do you think Life Skills Education is in the school curriculum?
- E. What factors in your opinion might be contributing to the implementation of Life Skills Education curriculum in your school?
- F. What would be your recommendations to the Ministry of Education and Training for the sustainability of Life Skills education project and its development?

INTERVIEW GUIDE- MINISTRY OF EDUCATION AND TRAINING (NCDC)

- A. What motivated the inclusion of Life Skills Education in school curriculum?
- B. What kind of Life Skills Education programme did you envisage to see in post primary schools concerning the scope of HIV prevention message?
- C. How did you plan to monitor the curriculum implementation?
- D. What lessons have you learned from the implementation of this programme?

INTERVIEW GUIDE: UNESCO and NCC¹

- A. What is your opinion about the development of Life Skills Education curriculum?
- B. How did you collaborate with other stakeholders in planning, designing and implementing Life Skills Education?
- C. To what extent are the relevant stakeholders contributing to the development of the project?
- D. What are the challenges if any, pertaining to the introduction of this project to pilot schools?
- E. What could have been the reasons?
- F. How as a Ministry are you hoping to fill these gaps and enhance the acceptance and support of other relevant stakeholders towards Life Skills Education?
- G. What kind of Life Skills programme did you envisage to see in post primary school?(in reference to the scope of HIV prevention message)
- H. What is your opinion regarding the state of the programme at the moment and
- I. What is the way forward?

INTERVIEW GUIDE: PROGRAMME SPONSORS (UNICEF, Lesotho)

- A. What motivated the inclusion of Life Skills Education in the school curriculum?
- B. What is your opinion about the introduction of Life Skills Education curriculum in pilot schools?
- C. What kind of Life Skills programme did you envisage to see in post primary school?(in reference to the scope on HIV prevention message)
- D. How did you plan to monitor the programme implementation?
- E. What lessons have you learned from the implementation of this programme?
- F. What is the way forward?

INTERVIEW GUIDE- NGOs(Scripture Union, LPPA², Lesotho and Red Cross)

¹ National Curriculum Committee(MOET representative)

² Lesotho Planned Parenthood Association

Opening statement:

I have learned that before the Ministry of education and Training embarked on Life Skills Education you had been providing Life Skills education in schools. For this reason, I am here to learn and solicit your input for the purposes of developing and strengthening the present initiative. With your permission, I have these few questions to direct our discussions:

- A. Why did you decide to teach Life Skills Education in schools?
- B. What process did you follow to introduce the curriculum in schools?
- C. Who were the primary facilitators of the programme?
- D. What aspects of the Life Skills Education did you emphasize as content?
- E. What support did you get from any of the following stakeholders : the Ministry of Education and Training, churches, principals and teachers and parents ?
- F. How have you been involved in the new programme by the Ministry of Education and Training?

INTERVIEW GUIDE- PARENTS

NOTE: opening statement: the government of Lesotho has taken initiative of introducing a new subject [Life Skills Education] in the school curriculum. The purpose of this initiative is to equip the youth with skills and knowledge to protect themselves against HIV/AIDS infections and other social problems like teenage pregnancies, drug abuse etc... I decided to challenge you as a parent about this initiative. With your permission, I have these few questions to direct our discussions:

- A. I would like to know if you have heard of the new subject [Life Skills Education] which has been introduced in the school curriculum from primary to secondary level of education?

(whether the answer to this question was YES/ NO, the questions that followed were:)

- B. What is your opinion regarding the inclusion of this subject in the school curriculum?
- C. In your opinion, what issues should the curriculum address in terms of scope and content concerning HIV prevention message to young people?
- C. As a parent, what kind of support do you intend to give towards sustaining this development in education ?

INTERVIEW GUIDE: Christian Council of Lesotho

- A. I would like to know if you have heard of the new subject [Life Skills Education] which has been introduced in the school curriculum from primary to secondary level of education?
- B. As churches, what are your opinion regarding the inclusion of this subject in the school curriculum?
- C. In terms of scope and content, what issues should the curriculum address concerning HIV prevention message to young people?
- D. What kind of support do you intend to give towards sustaining this development in Education?

Other probing/follow-up questions will rise from the discussion.

University Of Cape Town

Appendix D

REC REF: 305/2007

Data collection procedure

A written consent obtained (**26th October 2007**) from the Ministry of Education and Training in Lesotho to access education officials and schools, through the school boards secretaries(the school principals) will be used.

Accessing the parents

I will contact the principal in each school I have visited, to facilitate an initial meeting between me and parents who are members of the school board. The research will then contact each prospective participant and request for a meeting on a day and time that will be convenient to her/him for information giving prior to process of interview. Whereas, parents who are not member s of the school board committees will be contacted directly.

Accessing the Education Officials

The research will use the opportunity of having been referred to these officials by those that were in the first set of interviews, and will guided by the former interviewees to gain access to the rest of other officials. Therefore each official will be contacted individually.

The initial meeting will be scheduled main for to build a rapport between the researcher and each participant and for information giving regarding the proposed study (Hunn in Gerrish et al 2006). During this meeting, the research will fully inform each participant of the purpose and the implications of the research study. The researcher will also inform the participants that there are no anticipated risks associated with participating in this study. However the choice to participate is totally voluntary and is highly respected (UCT code for research involving human subjects).

The researcher will also communicate clearly to the participants that the information obtained from them, will be kept confidential and their personally identities will be anonymous. The researcher will inform the participants that data will be captured through interview session between the researcher and the participant, which will last for 20-30minutes for parents and about 45-60 minutes each official. With their permission, a tape recorder will be used to capture the information shared during the process of the interview. In the case of anticipated discomfort by the participant, particularly parents, then I will resort to note taking only. The interview for the officials and parents will be conducted in English and Sesotho respectively. Thereafter all interviews Sesotho interviews will be translated word by word into English.

The researcher will also inform the participants that a semi-structured interview will be used to allow free expression of opinions feelings and ideas between the researcher and the participants. Each participant will be provided with an information sheet detailing all information regarding the proposed study and protection of the participants. Each participant will be requested to read through this document to understand in order to make informed individualised, voluntary choice to either participation in the study or not. A minimum of 24 hrs will be given to think through the information before a written consent could be obtained by the researcher (Hunn in Gerrish and Lacy 2006)

REC REF: 305/2007

University of Cape Town
The School of Public Health and Family Medicine
Faculty of Health Sciences
Anzio Road
Observatory
7925.

Letter of consent to participants:

I hereby give permission to participate in this study. **“Factors related to the adoption and implementation of Life skills education in secondary and high schools, Lesotho”**

The researcher has explained to me the purpose and the benefits of the study. My right to participate or withdraw from the study has been explained. I am aware that there are no anticipated risks associated with this study. The researcher has explained to me that the information provided will be kept confidential and my personal identity and the name of my school will be kept anonymous. The researcher has given me an opportunity to ask questions on anything regarding my participation in this study.

I therefore voluntarily accept to participate in this study.

Signature.....Date.....

Name and Signature of the researcher:..... Date.....

PLEASE DO NOT WRITE YOUR NAME Or the NAME OF YOUR SCHOOL.

Thanking you in advance,

Adeline Chabela (Mrs.)

Student Number: kmnade001

School of Public Health and Family Medicine, University of Cape Town.

Cell number: (0027) 730549914 or (0266) 58487543

Email address: kmnade001@uct.ac.za

For more information, please contact

For more information, please contact

The Chairperson: Professor M. Blockman
Health Sciences faculty
Research Ethics Committee
Room E52-24 Groote Schuur Hospital Old main Building
Observatory
7925

Telephone (021) 406 6338
Email: lamees.emjedi@uct.ac.za
OR

My Research Supervisor: Dr Chris Colvin.
Cell number: 0834539438 (during Working Hours)

REC REF: 305/2007

Date-----

Information for the participants

I am currently a registered student for Masters Degree in Public Health with the University of Cape Town. As part of the programme I have to embark on the research as part of my academic requirements.

The purpose significance of the study

The study aimed at investigating issues pertaining to the adoption and implementation of Life Skills programme in Lesotho. The information thereof is hoped to inform education planners and policy makers of ways of strengthening the capacity and efficiency of implementing Life Skills programme in secondary schools, Lesotho. Secondly it is our hope, that this study will influence among others, programmes geared towards reduction of the burden of HIV/AIDS among the youth, thus preserves the future of Lesotho as a country.

A Brief introduction of Life Skills Education Lesotho

In 2005 August the Government of Lesotho through the Ministry of Education and Training had a thought of introducing Life Skills education in the school curriculum as a way of curbing HIV/AIDS and other social challenges facing the adolescents and children in Lesotho. This programme, as we speak is in its piloting stage in few selected primary, secondary and high schools. Therefore, as key stakeholders in education system Lesotho, your views and opinions are very much important to inform the development of School-Based Life Skills education programme in Lesotho.

What to expect as a participant

A 20- 30 and 45-60 minutes interview session will be conducted between the researcher and the parents and Education Officials respectively. With your permission, a tape recorder will be used to capture the information shared during the process of our interview. The researcher will also take notes in order to complement the recorded interviews. If you feel uncomfortable with the use of tape recorder, please feel free to indicate that, then the researcher will resort to note taking only in such situations. The interview will be in both in Sesotho (parents) and English language. These are the two official languages in Lesotho, where necessary Sesotho meanings and interviews will be used and translated into English language afterwards.

While I look forward to your highly appreciated participation in this research study, I also wish to assure you full confidentiality that you deserve. In this study your personal identities are not required. The recorded audio materials will be destroyed after completion of the study. This study has been approved by the Research Ethics Committee of the University of Cape Town. Participation in the study is completely voluntary. You have the right to withdraw from the study and that will not affect you as a person, your work or position. If you are happy with this information and you agree to participate, please append your signature the attached informed consent letter.

I would thus thank you for your co-operation in advance,

Adeline Chabela (Mrs.)

Student Number: kmnade001

School of Public Health and Family Medicine, University of Cape Town

Cell number: (0027) 730549914 or (0266) 58487543

Email address: kmnade001@uct.ac.za

For more information, please contact

The Chairperson: Professor M. Blockman

Health Sciences faculty

Research Ethics Committee

Room E52-24 Groote Schuur Hospital Old main Building

Observatory

7925

Telephone (021) 406 6338

Email: lamees.emjedi@uct.ac.za

OR

My Research Supervisor: Dr Chris Colvin.

Cell number: 0834539438 (during Working Hours)

University Of Cape Town